

Name  
in  
Full

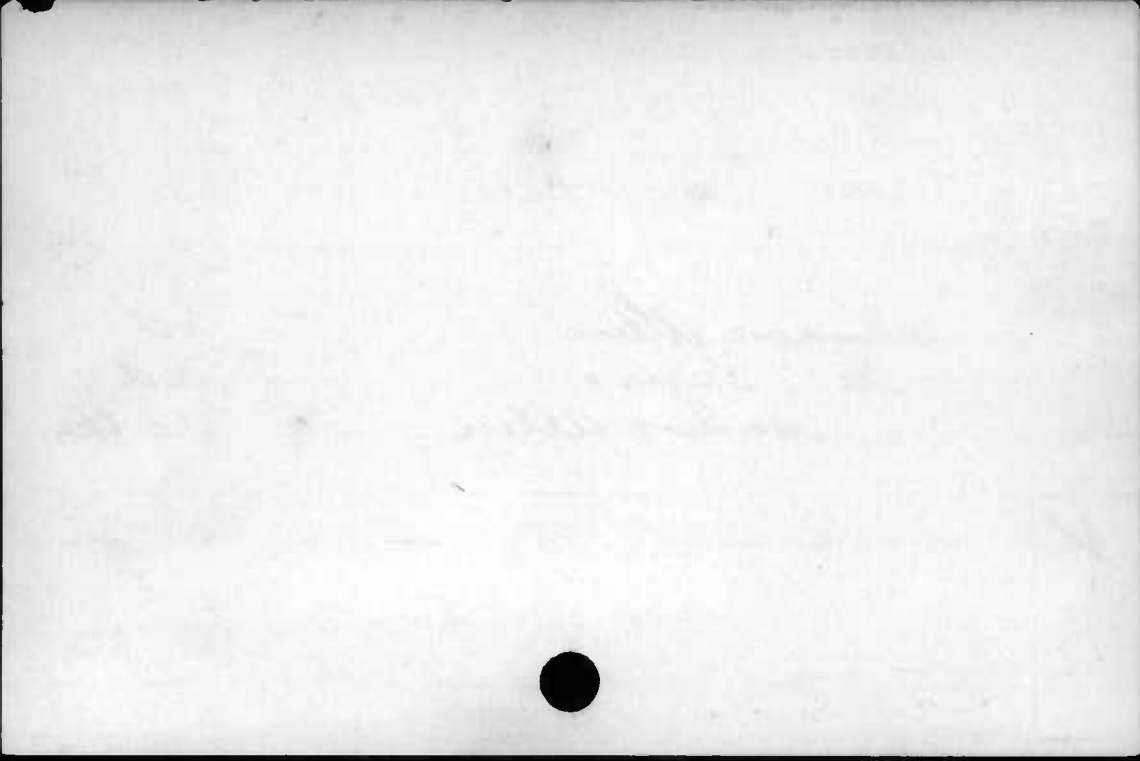
Lillian A. Allen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Cumberland <sup>County</sup> Allegany MARYLANDDate of death 1906 <sup>Month</sup> Mar <sup>Day</sup> 14 <sup>Age</sup> <sup>Years</sup> 3 <sup>Months</sup> <sup>Days</sup>Sex Female <sup>Color or Race</sup> Colored <sup>Birth-place</sup> AnnullOccupation <sup>Where Residing if not at place of death</sup>Married, Single or Widowed Single <sup>Name of Wife or Husband</sup>Father's Name Johnson Allen <sup>Father's Birthplace</sup> Pa.Mother's Maiden Name Rose Hedden <sup>Mother's Birthplace</sup> Annull.Name of person giving information Johnson Allen <sup>How related to deceased</sup> Father

## CAUSES OF DEATH

Primary Whooping cough (8) <sup>How long</sup> 4 wksImmediate Convulsions <sup>How long</sup> 24 hrsAre the name, age, sex, color, date and place correctly given above? Yes <sup>Signature of Physician</sup> W. F. Twigg<sup>Address</sup> AnnullAccident or Suicide? LOUIS STEIN. <sup>Signature of Physician</sup> W. F. Twigg



Name  
in  
Full

Thomas Allen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mapleside near <i>Bund</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1906	Month <i>March</i>	Day <i>15</i>	Age <i>3</i>	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Double Pneumonia</i>	How long	<i>2.50p.</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Jes.</i>		<i>Dr. F. L. Barkdull Md</i>	
LOUIS STEIN.		Address <i>S. Cumberland</i>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Leannoring</i> Town <i>Leannoring</i> County <i>Allegheny</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>March</i>	Day <i>26</i>	Age <i>75</i> Years <i>75</i> Months <i>7</i> Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Scotland</i>	
Occupation <i>Miner</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or <i>Ann Lorr</i>		
Father's Name <i>William Anderson</i>	Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i>Jane Robt</i>	Mother's Birthplace <i>Scotland</i>		
Name of person giving information <i>Mrs Anderson</i>	How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>La-Grippe</i>	How long <i>10</i>	How long <i>Three weeks</i>
Immediate <i>Bronch-Pneumonia</i>		How long <i>Five days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. B. Skilling M.D.</i>	
	Address <i>Leannoring</i>	
Accident or Suicide? <i>No</i>		



Name  
in  
Full

Emily M. Barnett

286

## CERTIFICATE OF DEATH

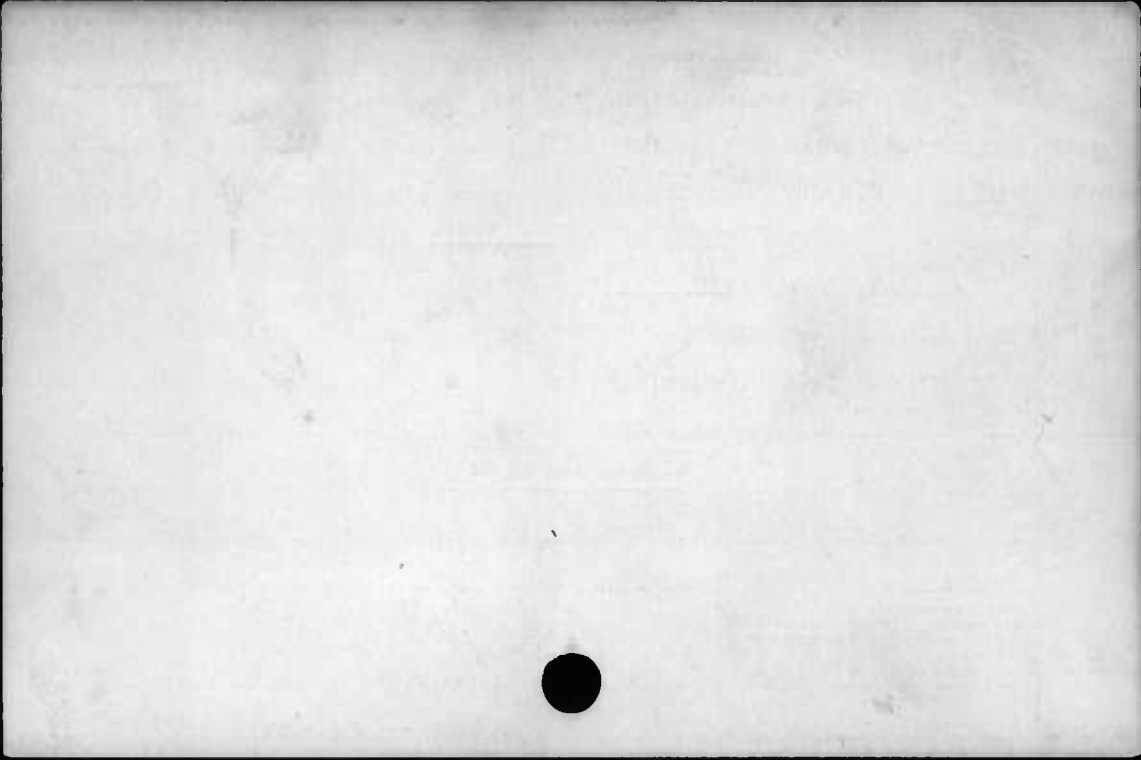
New Jersey  
MAYLANDTO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Atlantic City N.J.</i>		County <i>_____</i>	
Date of death	<i>1906</i>	Month <i>Mar</i>	Day <i>4</i>	Age	<i>18</i>
Sex	<i>Female</i>		Color or Race	<i>Colored</i>	
Occupation	<i>House Writers</i>		Where Residing if not at place of death	<i>Williamsport Md.</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>_____</i>	
Father's Name	<i>Benjamin Barnett</i>			Father's Birthplace	<i>Clark Co Va</i>
Mother's Maiden Name	<i>Ada Blake</i>			Mother's Birthplace	<i>Williamsport</i>
Name of person giving information	<i>Emily White</i>			How related to deceased	<i>Aunt</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Sepsis</i>	How long	<i>1 Wk</i>
Immediate	<i>_____</i>	How long	<i>_____</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J F Kups Undertaker</i>
		Address	<i>Williamsport Md</i>
Accident or Suicide?	<i>reported from Shipping Poster</i>		





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fredericksburg</i> <sup>Town</sup>		<i>Alley</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	Mar	Day	27
Age	Years		Months		8 Days
Sex	<i>M.</i>		Color or Race	<i>white</i>	
Occupation	_____		Birth-place	<i>Fredericksburg</i>	
Where Residing If not at place of death			_____		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
<i>Lloyd Biddinger</i>			<i>MD</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Laura Evon</i>			<i>MD</i>		
Name of person giving information			How related to deceased		
<i>Henry Cagle</i>			<i>Step Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Supposed to have had Consumption</i>	How long	_____
Immediate	<i>I did not see the Case</i>	How long	_____
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	_____
<i>Yer</i>		Address	<i>Fredericksburg Md</i>
Accident or Suicide?		_____	

273

Name  
in  
Full

Infant of Frank Blairdell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Cumtob* TownCounty *Allegh.*

MARYLAND

Date of death *1906* Month *Mar*Day *15*Age *—* YearsMonths *—*Days *1*Sex *male*Color or Race *white*Birth-place *Cumtob*Occupation *—*Where Residing if not  
at place of death *—*Married, Single  
or Widowed *—*Name of Wife or  
Husband *—*Father's Name *Frank Blairdell*Father's Birthplace *unk*Mother's Maiden Name *Francis Beach*Mother's Birthplace *Va*Name of person giving  
information *Frank Winn*How related  
to deceased *nine*

## CAUSES OF DEATH

Primary *Premature birth*How long *—*Immediate *—*How long *—*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*Fannie Fox**Cumtob**md**midwife**GAB*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Lester Sylvester Boher

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>S. Cumberland</i>		Town <i>Allegheny</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>3</i>	Day <i>25</i>	Age <i>—</i>	Years <i>—</i>	Months <i>5</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cumberland</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Henry M. Boher</i>				Father's Birthplace <i>Morgan Co. Md.</i>			
Mother's Maiden Name <i>Bessie Henry (Dead)</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>Henry M. Boher</i>				How related to deceased <i>Father</i>			

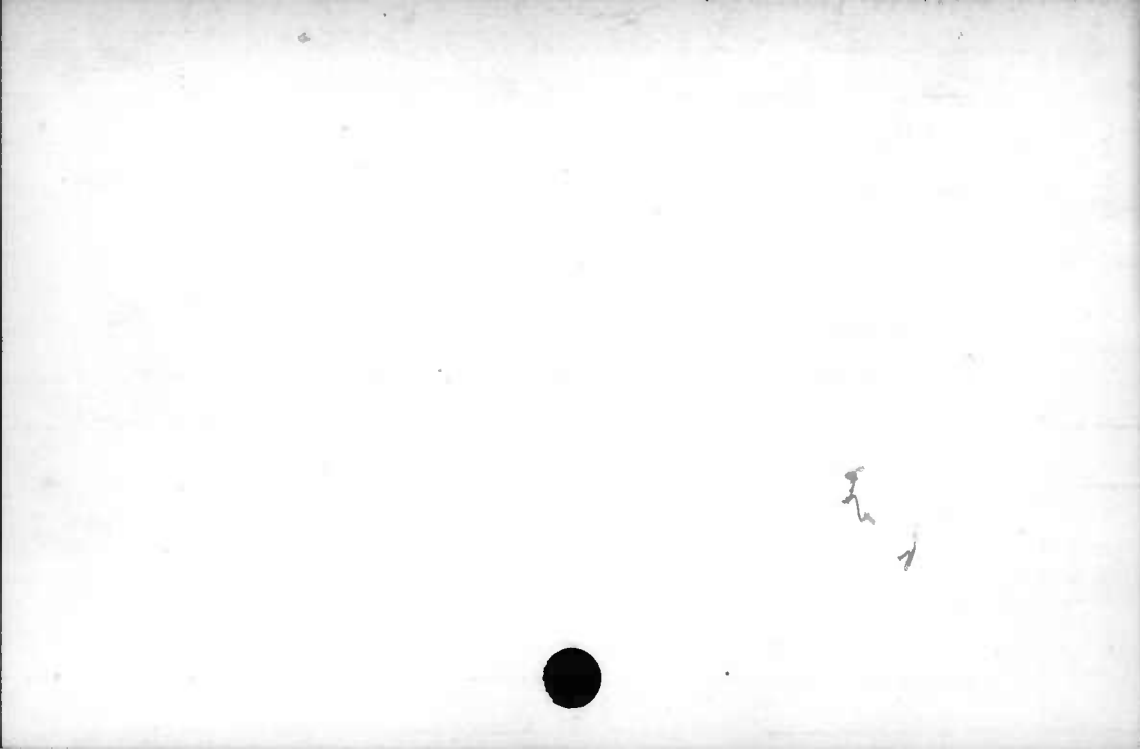
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pertussis</i>	How long <i>1 month</i>
Immediate <i>Pericarditis Heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. L. Barkdoll 142</i>
<i>LOUIS STEIN.</i>	Address <i>S. Cumberland</i>
Accident or Suicide?	



Name in Full		MRS Bessie Bohrer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Cumulated</u> <small>Town</small>		<u>Allegh.</u> <small>County</small>		MARYLAND		
	Date of death <u>1906</u>	<u>Mar</u> <small>Month</small>	<u>18</u> <small>Day</small>	Age <u>22</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>	
	Sex <u>female</u>		Color or Race <u>white</u>		Birth-place <u>Wva</u>		
	Occupation <u>H.W.</u>			Where Residing if not at place of death <u>—</u>			
	Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Nelson Bohrer</u>				
	Father's Name <u>Robert Henry</u>			Father's Birthplace <u>Wva</u>			
	Mother's Maiden Name <u>D. Pennell</u>			Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>Henry M. Bohrer</u>			How related to deceased <u>F in L</u>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Pulmonary Tuberculosis</u>			How long <u>one year</u>			
	Immediate <u>Exhaustion</u>			How long <u>2 weeks</u>			
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>			Signature of Physician <u>A. H. Brace</u>			
				Address <u>Gumbo Ind</u>			
Accident or Suicide? <u>No</u>							





Name  
in  
Full

Elsie May Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

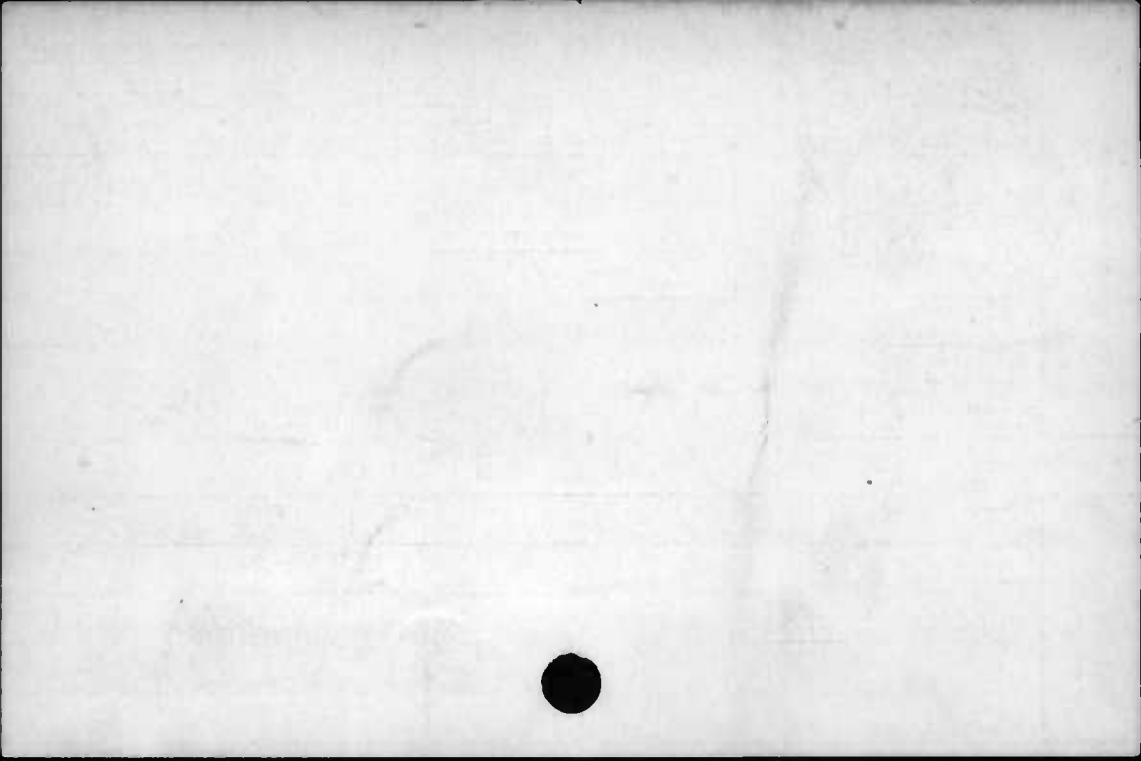
Died at <i>Wesleyport</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
190	9	4	13	0	18
Sex	Color or Race	Birth-place			
Female	White				
Occupation	Where Residing if not at place of death				
Student					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Alfred D. Brown			Father's Birthplace	Maryland
Mother's Maiden Name	Almeda Weimer			Mother's Birthplace	Maryland
Name of person giving information	Alfred D. Brown			How related to deceased	Father

Dr. Kalbaugh

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Syphilitic Lesion</i>	How long	<i>11 days</i>
Immediate	<i>Embolism of Brain</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>J. L. Kalbaugh</i>
		Address	<i>Piedmont N.Y.</i>
Accident or Suicide?	<i>m</i>		



Name  
in  
Full

Child of Frank Bullitt Col

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Clinton <sup>Town</sup> Allegany <sup>County</sup> MARYLAND

Date of death 1906 3 <sup>Month</sup> 23 <sup>Day</sup> 2 <sup>Years</sup> Months 2 <sup>Days</sup>

Sex Female Color or Race Black Birth-place Clinton

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFrank BullittFather's  
BirthplaceHaystack VaMother's  
Maiden NameEdmoniaMother's  
BirthplaceRed PawName of person giving  
InformationFrank BullittHow related  
to deceasedFather

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Thrush

How long

2 wks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?yesSignature of  
Physician

Address

Surgeon General M.D.  
257 N. Liberty St.

Accident or Suicide?

Dr. Sparks

Name  
in  
Full

## CERTIFICATE OF DEATH

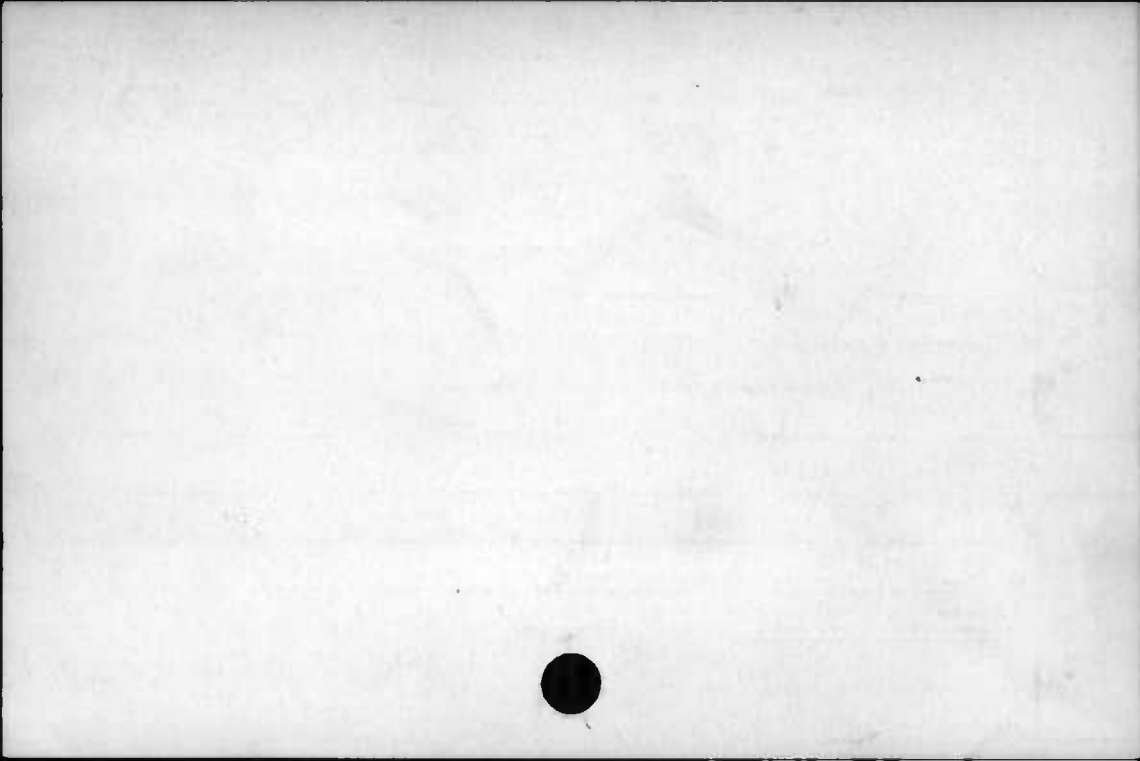
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cum</i>		Town <i>Alto</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>Mar</i>	Day <i>9</i>	Age <i>22</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation <i>Gardner</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Geo Burrall</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>Katrina Parralle</i>	Mother's Birthplace <i>Ind</i>						
Name of person giving information <i>Geo Burrall</i>	How related to deceased <i>Father</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>2 wks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Thos Mc Donald</i>
<i>St. Pat.</i>	Address <i>Cumberland</i>
Accident or Suicide? <i>LOUIS STEIN.</i>	<i>Ind.</i>



Name In Full		Annie Elizabeth Bush-Frostburg				County		Allegany		MARYLAND		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Frostburg				County		Allegany				
	Date of death	1906	3	3	Age	34	Years	1	Months	0	Days	13
	Sex	Female				Color or Race		Colored				
	Occupation	Housewife				Where Residing if not at place of death		Frostburg, Md.				
	Married, Single or Widowed	Married				Name of Wife or Husband		Eugene M. Bush				
	Father's Name	Benjamin Jackson				Father's Birthplace		Frostburg, Md.				
	Mother's Maiden Name	Julia Mitchell				Mother's Birthplace		Frostburg, Md.				
Name of person giving information	Eugene M. Bush				How related to deceased		Husband.					
PHYSICIAN OR CORONER	CAUSES OF DEATH											
	Primary	Eclampsia + hemorrhage				How long		7 hours				
	Immediate	(138)				How long						
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician		J. C. Cober				
		No				Address		Frostburg, Md.				
Accident or Suicide?												

Alley Cam



Name  
in  
Full

Alice Grant Cabe

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death	1906	Month Mar.	Day 29	Age Years	19	Months	2
Sex	Female		Color or Race	Colored		Birth- place	Frostburg
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		J. Willis Cabe				Father's Birthplace	
Mother's Maiden Name		Martha Hitesher				Mother's Birthplace	
Name of person giving information		J. Willis Cabe				How related to deceased	
						Father,	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Whooping Cough	How long	2 wks.
Immediate	Pneumonia	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. S. Sparks	
LOUIS STEIN.		Address	
		Cumberland	
Accident or Suicide?		Sparks, Md.	

36 Ann St.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

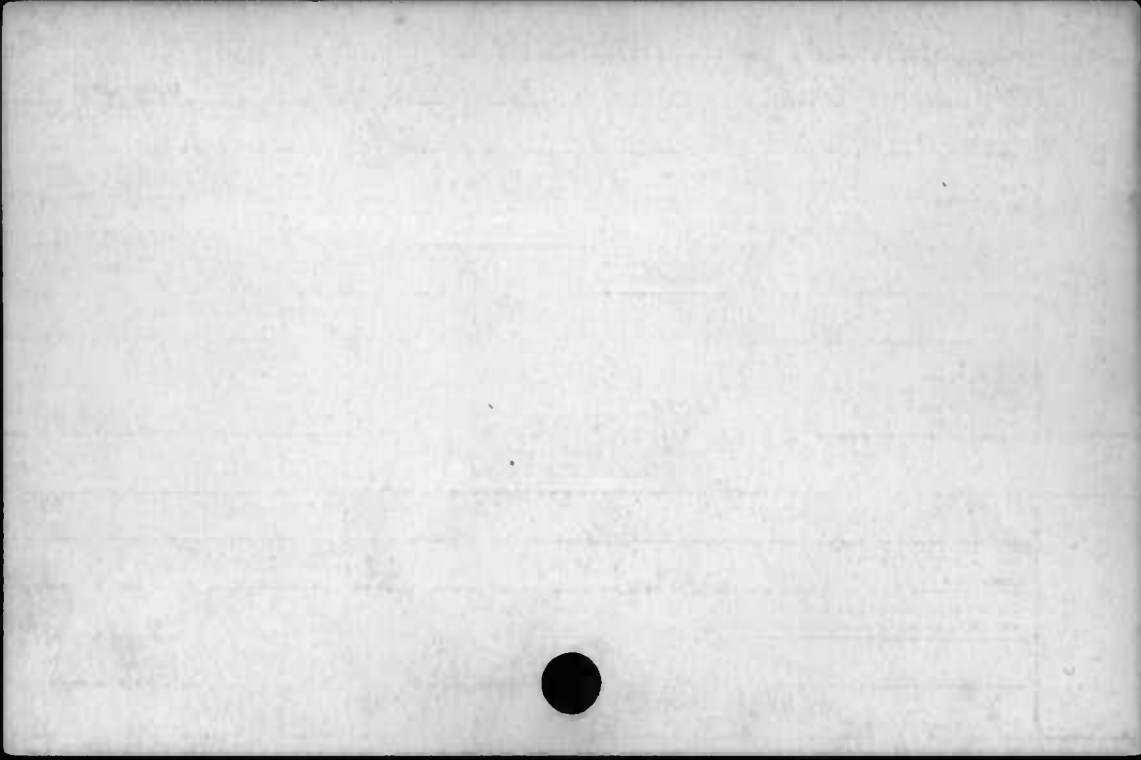
Died <i>Infant of Paul P. Daily</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Date of death <i>1906</i>		Month <i>3</i>	Day <i>22</i>	Age <i>1</i>	Years <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Frederick</i>		Where Residing if not at place of death <i>Frederick</i>	
Occupation					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Paul P. Daily</i>		Father's Birthplace <i>Wis.</i>			
Mother's Maiden Name <i>Emma Hendra</i>		Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Paul P. Daily</i>		How related to deceased <i>Father</i>			

*Dr. Long*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth</i>	How long <i>1</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. J. Long</i>
	Address <i>Frederick Md</i>
Accident or Suicide? <i>no</i>	



Name  
In  
Full

## CERTIFICATE OF DEATH

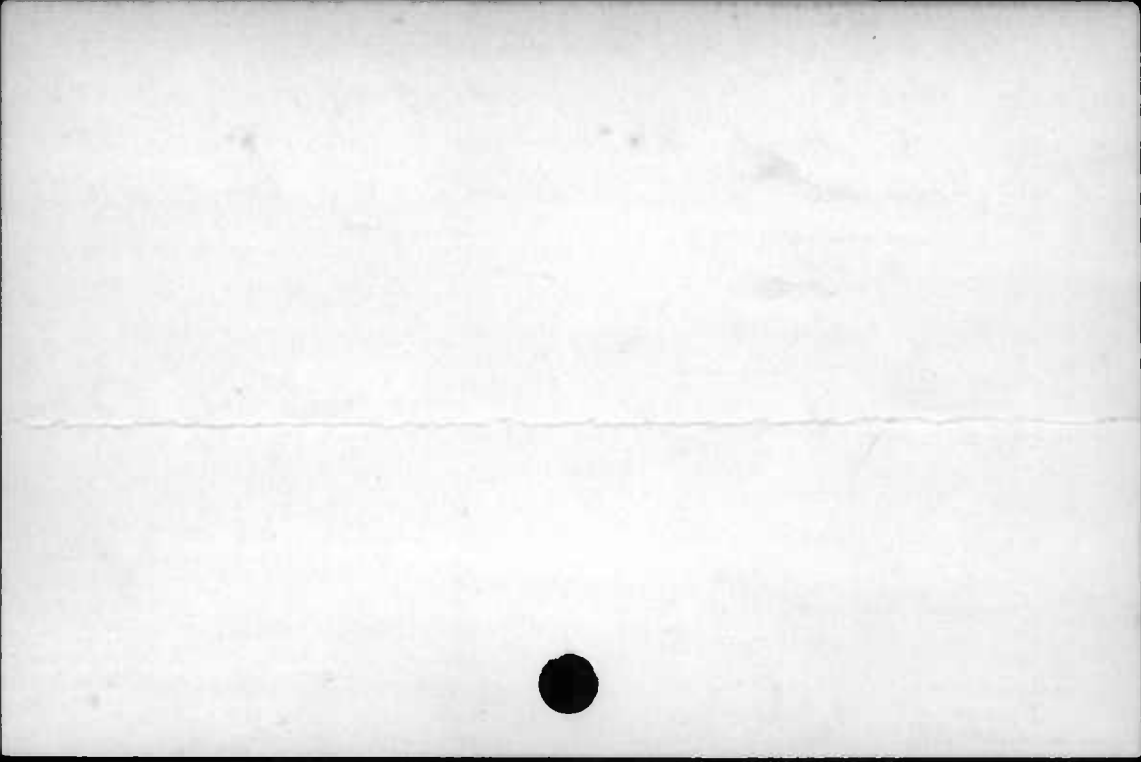
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Midland</i> <sup>Town</sup>		<i>Allegheny</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	3	Day	20
Age	1	Year	8	Months	—
Sex	Male	Color or Race	White	Birth-place	Midland
Occupation	Drum	Where Residing if not at place of death	—		
Married, Single or Widowed	Name of Wife or Husband		—		
Father's Name	Isaac Dawson			Father's Birthplace	Iowa
Mother's Maiden Name	Hannah Kyle			Mother's Birthplace	West Virginia
Name of person giving information	Hannah Kyle			How related to deceased	Wife

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pertussis -</i>	How long	<i>2 weeks</i>
Immediate	<i>Central Meningitis</i>	How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. D. Carpenter</i>
		Address	<i>Midland Mo.</i>
<input checked="" type="checkbox"/> Accident or Suicide			



Name  
in  
Full

Marie

Deane

## CERTIFICATE OF DEATH

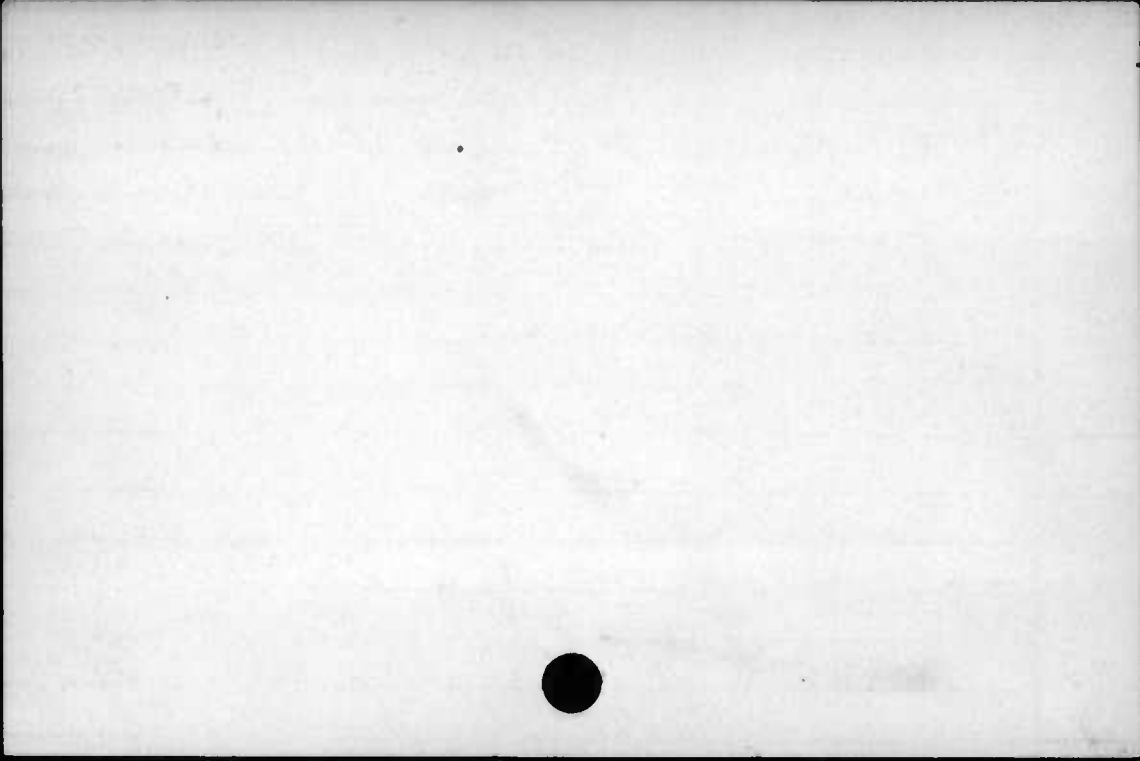
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rush</i> Town		County <i>Wiccegan</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>March</i>	Day <i>27</i>	Age <i>84</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Rush Md</i>		
Occupation <i>retired</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>—</i>			Father's Birthplace		
Mother's Maiden Name <i>—</i>			Mother's Birthplace		
Name of person giving information <i>Martini Rice</i>			How related to deceased <i>Son in Law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>(66)</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Louis Stein</i>
LOUIS STEIN,	Address <i>Baltimore Md</i>
Buried at <i>Rush Md</i> Accident or Suicide? <i>allergic to.</i>	





Name  
in  
Full

CERTIFICATE OF DEATH

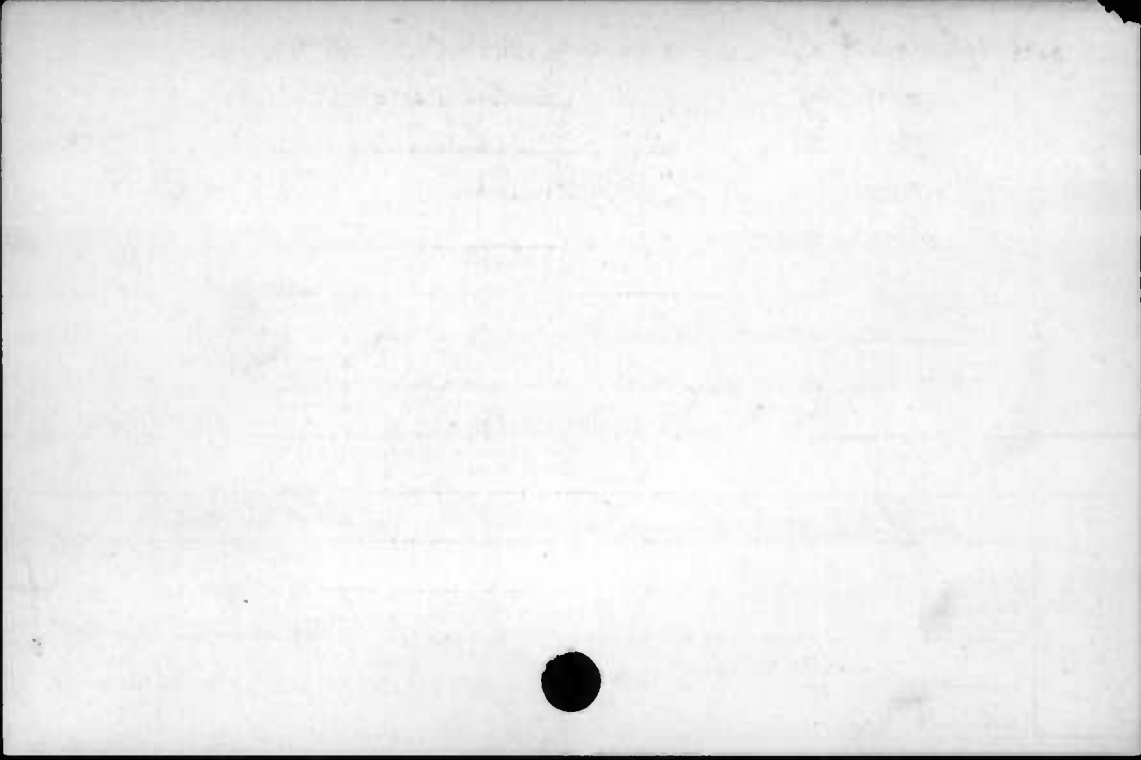
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumt-d</i>		Town		<i>Drake</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>mch</i>	Day	<i>15</i>	Age	<i>20</i>	Years	Months
Sex	<i>male</i>		Color or Race	<i>White</i>		Birth-place	<i>Twigg Town Md</i>		
Occupation	<i>Farmer</i>		Where Residing if not at place of death		<i>-</i>				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		<i>-</i>				
Father's Name	<i>Edward Drake.</i>				<i>(118)</i>		Father's Birthplace	<i>Md.</i>	
Mother's Maiden Name	<i>- dead -</i>						Mother's Birthplace		
Name of person giving information	<i>Edward Drake.</i>						How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Operation for appendicitis</i>		How long
Immediate	<i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes-</i>		Signature of Physician
<i>LOUIS STEIN.</i>			Address
Accident or Suicide?	<i>Twigg town. Md.</i>		<i>Dr Geo L. Carter</i> <i>Cumberland</i> <i>Md.</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDInfant of James Duncan  
Died at Lake County  
all day

MARYLAND

Date of death 1906 3 9 Age 3 hours Months Days

Sex male Color or Race White Birth-place Luther

Occupation Infant Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name James Duncan Father's Birthplace Delaware

Mother's Maiden Name M. L. Miles Mother's Birthplace Delaware

Name of person giving information J. O. Duncan (151) How related to deceased Father

## CAUSES OF DEATH

Primary Infant born with gestation

Immediate

Are the name, age, sex, color, date and place correctly given above?

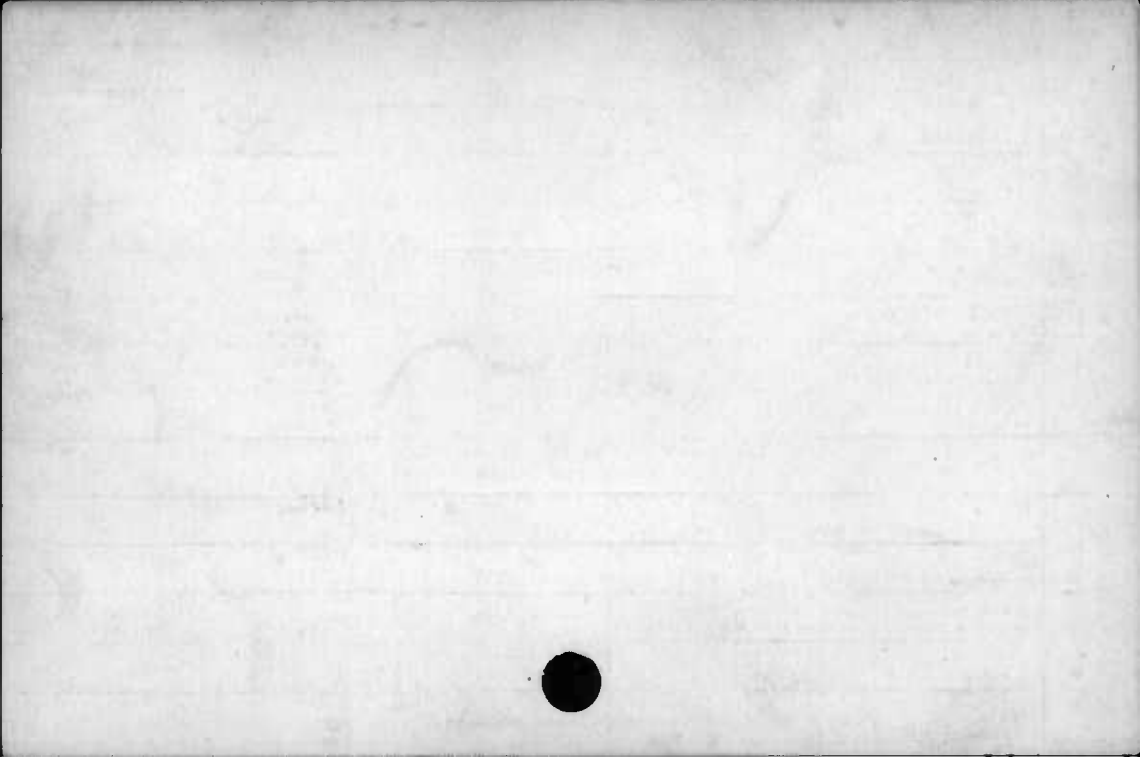
yes

Signature of Physician

Address

J. O. Duncan

Accident or Suicide?



Name in Full		Edna Euler				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Town</u> <i>Frostburg</i>			County <i>Allegheny</i>			MARYLAND
	Date of death	1906	Month	3	Day	17	Age
	Sex <i>Female</i>			Color or Race <i>white</i>			Birth-place
	Occupation <u>                    </u>			Where Residing If not at place of death <u>                    </u>			
	Married, Single or Widowed <i>single</i>			Name of Wife or Husband <u>                    </u>			
	Father's Name <i>George Euler</i>			Father's Birthplace <i>Wd</i>			
	Mother's Maiden Name <i>Elsie Robinson</i>			Mother's Birthplace <i>Wd</i>			
Name of person giving information <i>Geo Euler</i>			How related to deceased <i>father</i>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Capillary Pneumonia</i>			How long <i>5 days</i>			
	Immediate <i>empyema</i>			How long <i>1 day</i>			
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>J. M. Rick</i>			
				Address <i>Frostburg Wd</i>			
	Accident or Suicide?						

7700

Lane & Co

Name  
in  
Full

## CERTIFICATE OF DEATH

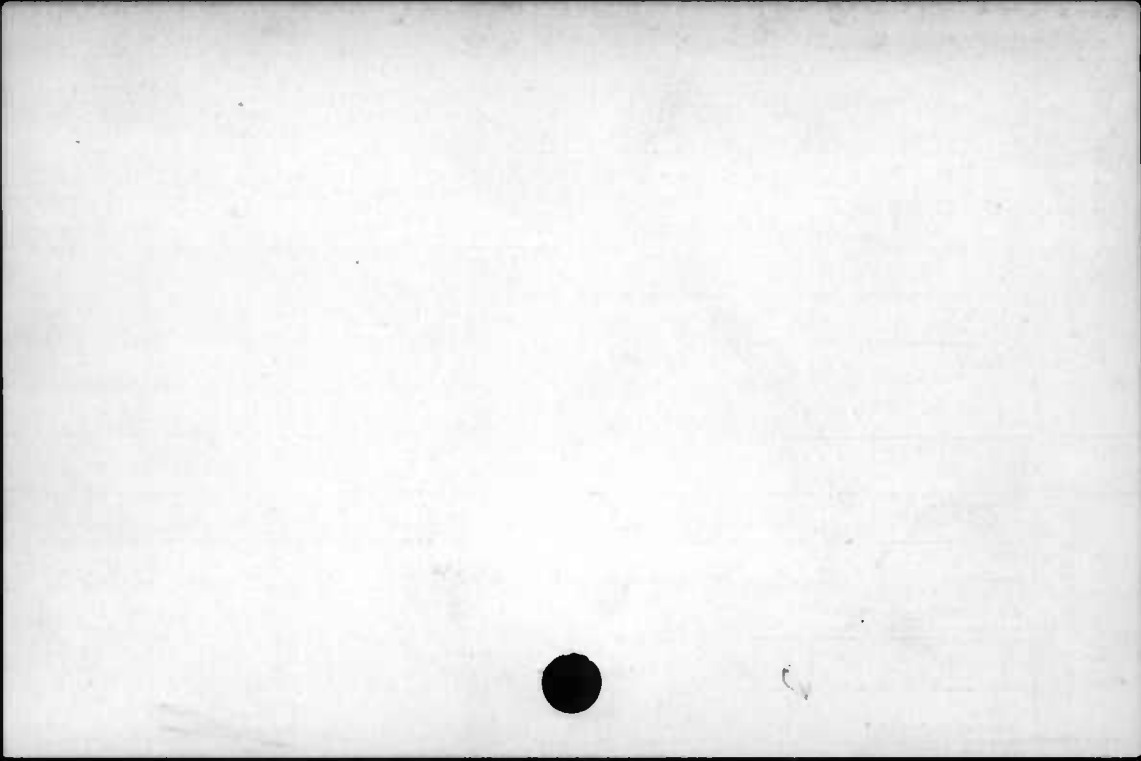
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Charity Fagan</u>		County <u>Allegheny</u>		MARYLAND	
Date of death <u>1906</u>		Month <u>Mar.</u>	Day <u>16</u>	Age <u>2</u>	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Cumld.</u>			
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Peter Fagan</u>		Father's Birthplace <u>W. Va.</u>			
Mother's Maiden Name <u>Mary Meekins</u>		Mother's Birthplace <u>Allegheny Co.</u>			
Name of person giving information <u>Peter Fagan</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Whooping Cough</u>	How long <u>2 wks</u>
Immediate <u>Pneumonia</u>	How long <u>7 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. S. Sparks</u>
<u>LOUIS STEIN,</u>	Address <u>Cumberland</u>
Accident or Suicide? <u>Summer</u>	<u>MD</u>





Name  
in  
Full

Charles R. Horbeck

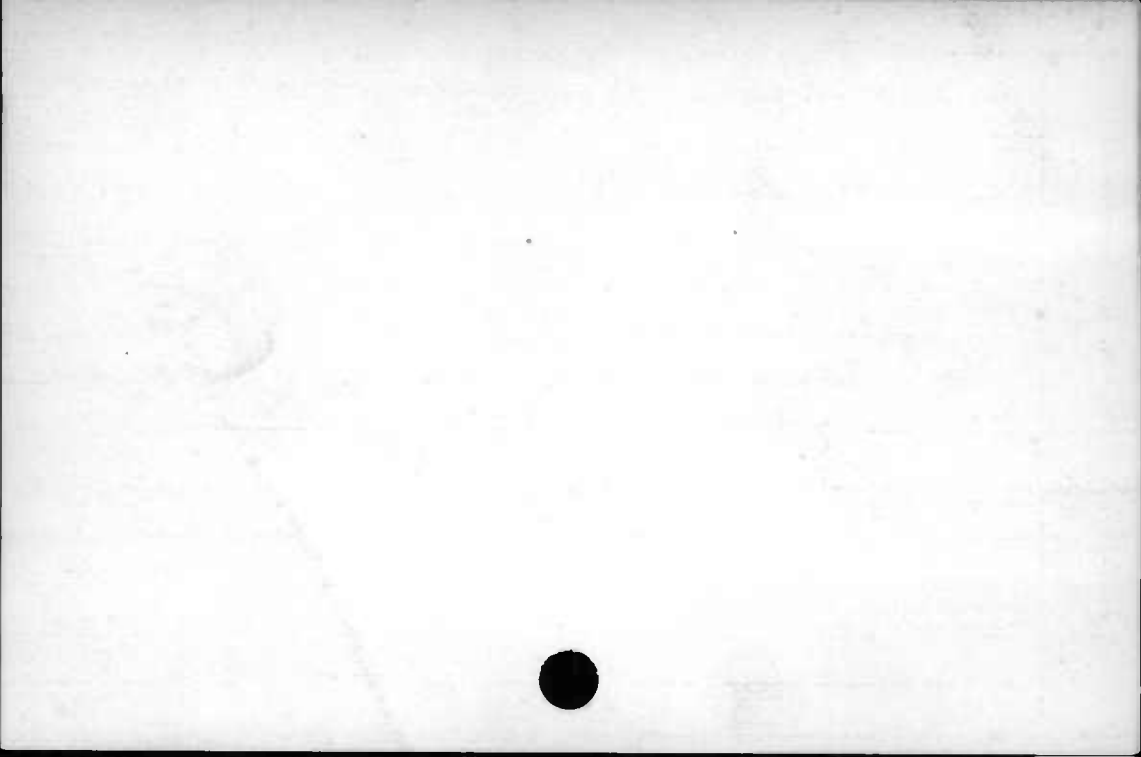
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Cumberland		Alleghany					
Date of death	1906	Month	Mar	Day	20	Age	27
						Months	6
						Days	—
Sex		Male		Color or Race		White	
Birth-place		Cumberland Md					
Occupation				Where Residing if not at place of death			
Sick mill worker				—			
Married, Single or Widowed		Single		Name of Wife or Husband			
				—			
Father's Name				Father's Birthplace			
Frank Horbeck				Cumberland Md			
Mother's Maiden Name				Mother's Birthplace			
Lucinda Stott				Cumberland Md			
Name of person giving information				How related to deceased			
Mrs Frank Horbeck				Mother			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Whooping Cough	How long	5 weeks
	Immediate	Broncho-Pneumonia	How long	4 weeks
	Are the name, age, sex, color, date and place correctly given above?		yes	
	Signature of Physician		E. S. Duke	
	Address		Cumberland Md	
Accident or Suicide?		✓		



Name

in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumtad</i> <sup>Town</sup>		<i>accsg</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	<i>March</i> <sup>Month</sup>	<i>9</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>3</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cumtad</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Walter A Frahley</i>			Father's Birthplace <i>W. Va</i>		
Mother's Maiden Name <i>Viola Girdeman</i>			Mother's Birthplace <i>Cumtad</i>		
Name of person giving information <i>Walter Frahley</i>			How related to deceased <i>Father</i>		

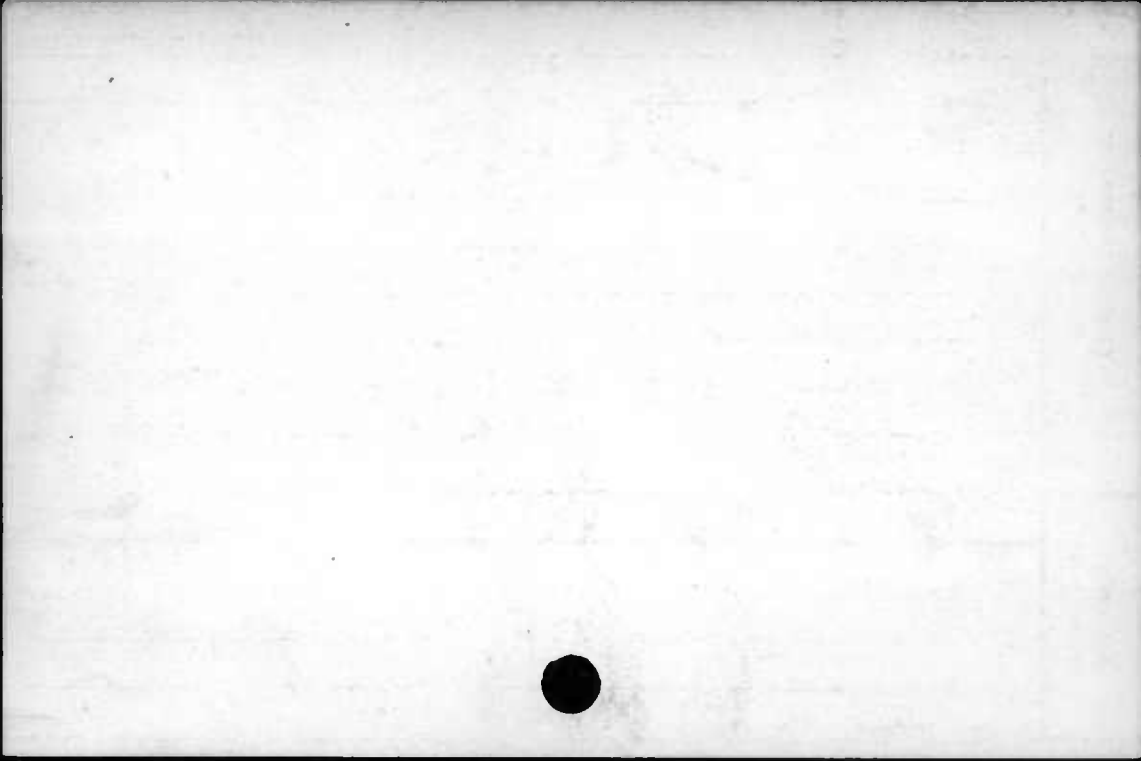
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Meningitis</i>	How long	<i>10 days</i>
Immediate	<i>Spasms</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>E. H. Brace M.D.</i>	
LOUIS STEIN.		Address <i>Cumtad Md</i>	
Accident or Suicide? <i>H. P.O.P.</i>			

#  
So. 88 / Harrison St.

Name in Full <b>Charlotte H. Gardner</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Cumberland</b> <sup>Town</sup>		<b>Alleghany</b> <sup>County</sup>
	Date of death <b>1906</b> <sup>Month</sup> <b>mar</b> <sup>Day</sup> <b>16</b>		<b>68</b> <sup>Years</sup> <sup>Months</sup> <b>11</b> <sup>Days</sup> <b>21</b>
	Sex <b>Female</b>	Color or Race <b>white</b>	Birthplace <b>Indiana Tes Pa</b>
	Occupation <b>Housewife</b>	Where Residing if not at place of death <b>-</b>	
	Married, Single or Widowed <b>widow</b>	Name of Wife or Husband <b>James Gardner (deceased)</b>	
	Father's Name <b>Fredrick Marbourg</b>	Father's Birthplace <b>Prussia</b>	
	Mother's Maiden Name <b>Lydia Sides</b>	Mother's Birthplace <b>York Pa</b>	
Name of person giving information <b>J. James Gardner</b>	How related to deceased <b>Son</b>		
<b>CAUSES OF DEATH</b>			
PHYSICIAN OR CORONER	Primary <b>Uterine Fibroid</b>	<b>(129)</b>	How long <b>24 years</b>
	Immediate <b>Exhaustion</b>		How long <b>8 weeks</b>
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>D. B. Gardner &amp; C. J. Duke</b>	Address <b>Cumberland Md</b>
	<div style="display: flex; align-items: center;"> <div style="width: 50px; height: 50px; background-color: black; border-radius: 50%; margin-right: 10px;"></div> <div> <p>Accident or Suicide? <b>✓</b></p> </div> </div>		

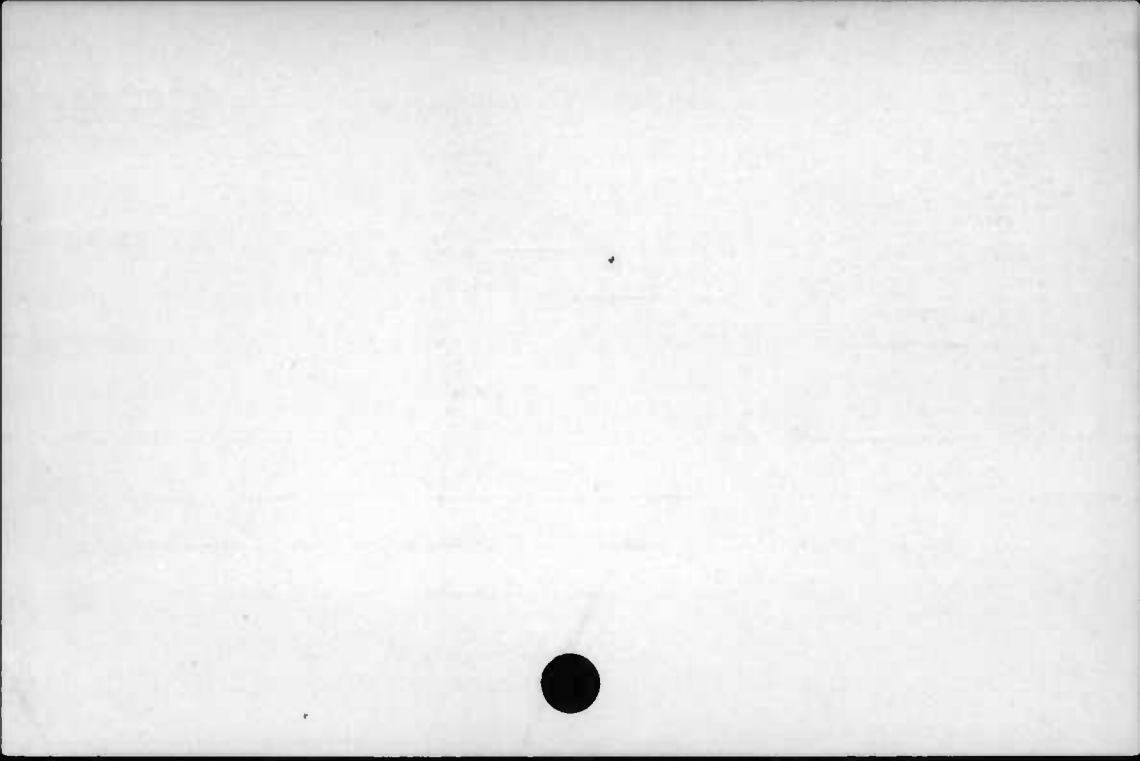


TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name in Full <i>John E. Gardner</i>		Town <i>Lonscombing</i>		County <i>allegany</i>		CERTIFICATE OF DEATH	
Died at		Date of death		Age		MAYLAND	
Month <i>march</i>		Day <i>16</i>		Years <i>84</i>		Months <i>9</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birthplace <i>England</i>		Days <i>14</i>	
Occupation <i>none</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>mr Martha Gardner</i>					
Father's Name <i>Ed. Gardner</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>don't know</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>mr. atkinson</i>		How related to deceased <i>Daughter</i>					
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
Primary <i>Chronic Interstitial Nephritis</i>		How long <i>1 year</i>					
Immediate <i>Uraemia</i>		How long <i>5 days</i>					
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Henry M. Hodgson</i>					
		Address <i>Lonscombing, Ind.</i>					
Accident or Suicide? <i>No.</i>							

(120)





Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Supposed to be Sid Grant or Peter Parker

Town \_\_\_\_\_ County \_\_\_\_\_

Died on way to Hospital from Police Co. MARYLAND

Date of death 1906 Month 3 Day 31 Age 3.5 Years Months \_\_\_\_\_ Days \_\_\_\_\_

Sex Male Color or Race White Birth-place \_\_\_\_\_

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Birthplace \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Mother's Birthplace \_\_\_\_\_

Name of person giving information G. A. Butler How related to deceased \_\_\_\_\_

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

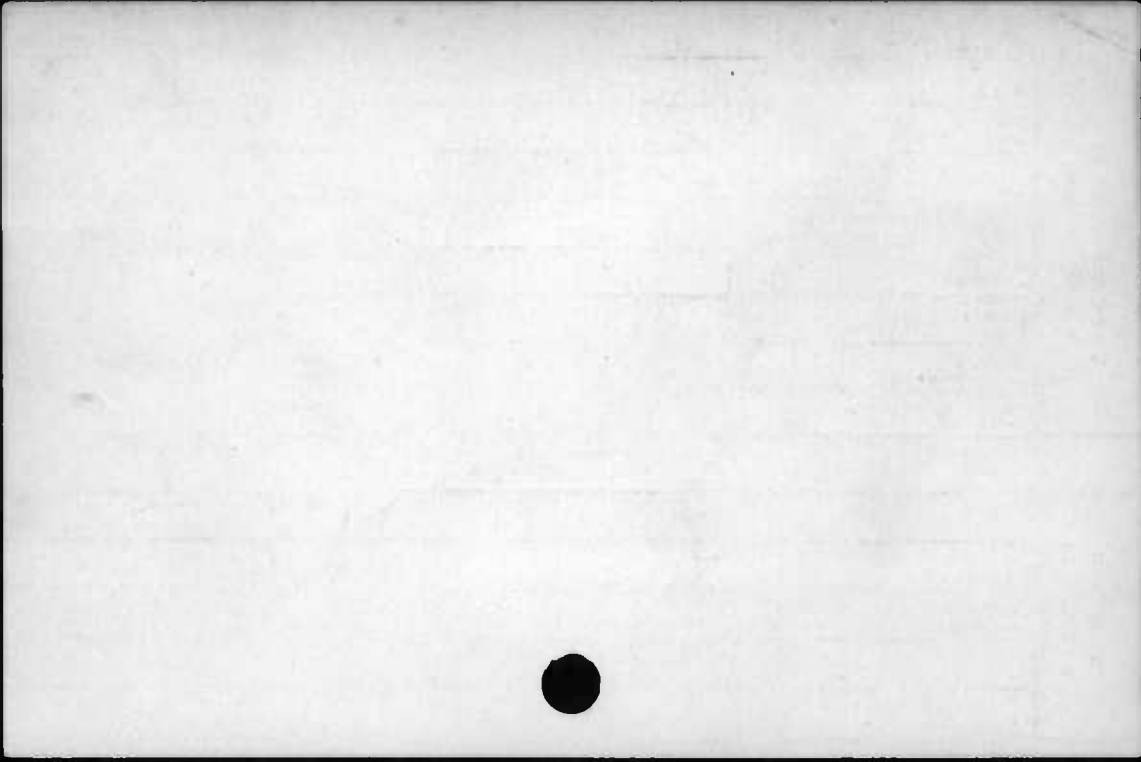
Primary \_\_\_\_\_ How long \_\_\_\_\_

Immediate Struck by B. & O. train at Police Co. How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? \_\_\_\_\_

Signature of Physician J. P. [Signature] Address \_\_\_\_\_

Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

Mrs. Emmeline Green

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Louisa</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death	190 <u>6</u>	Month <u>March</u>	Day <u>12</u>	Age <u>74</u> Years	Months <u>9</u> Days <u>5</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birthplace <u>Barrett Co</u>		
Occupation <u>Housework</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>John Wesley Green</u>				
Father's Name <u>Adam Green</u>	Father's Birthplace <u>Barrett Co</u>		Mother's Birthplace <u>" "</u>		
Mother's Maiden Name <u>Unknown</u>	Name of person giving information <u>Wm. Green</u>		How related to deceased <u>Son</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Art. a, Septic</u>	How long <u>10 years. 3 weeks</u>
Immediate <u>Pneumonia</u>	How long <u>10 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Henry C. Hodgson</u>
	Address <u>Foracoring, Ind.</u>
Accident or Suicide? <u>No</u>	



Name  
in  
Full

Alice Grimes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Smacoring</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>March</i> <small>Month</small>	<i>24</i> <small>Day</small>	Age <small>Years</small>	<i>—</i> <small>Months</small>	<i>26</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Smacoring</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John Wesley Grimes</i>		<i>(151)</i>		Father's Birthplace <i>Newburg W. Va.</i>	
Mother's Maiden Name <i>Joanna Barnard</i>		Mother's Birthplace <i>Borden Shaft</i>			
Name of person giving information <i>John W. Grimes</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Conjunctival debility - a twin</i>	How long
Immediate <i>Very Small - Convulsions</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James O. Bullard</i>
	Address <i>Smacoring</i> <i>(Md.)</i>
Accident or Suicide? <i>No.</i>	<i>Maryland</i>



Name  
in  
Full

Albert Grimes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Linacoring Town Allegany County MARYLAND

Date of death 1906 March 1 Day 1 Age — Years — Months 3 Days

Sex Male Color or Race White Birth-place Linacoring

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name John Wesley Grimes Father's Birthplace Newburg W. Va.

Mother's Maiden Name Johnna Barnard Mother's Birthplace Borden S. H. H.

Name of person giving information John W. Grimes How related to deceased Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Confronted debility, a time, How long —

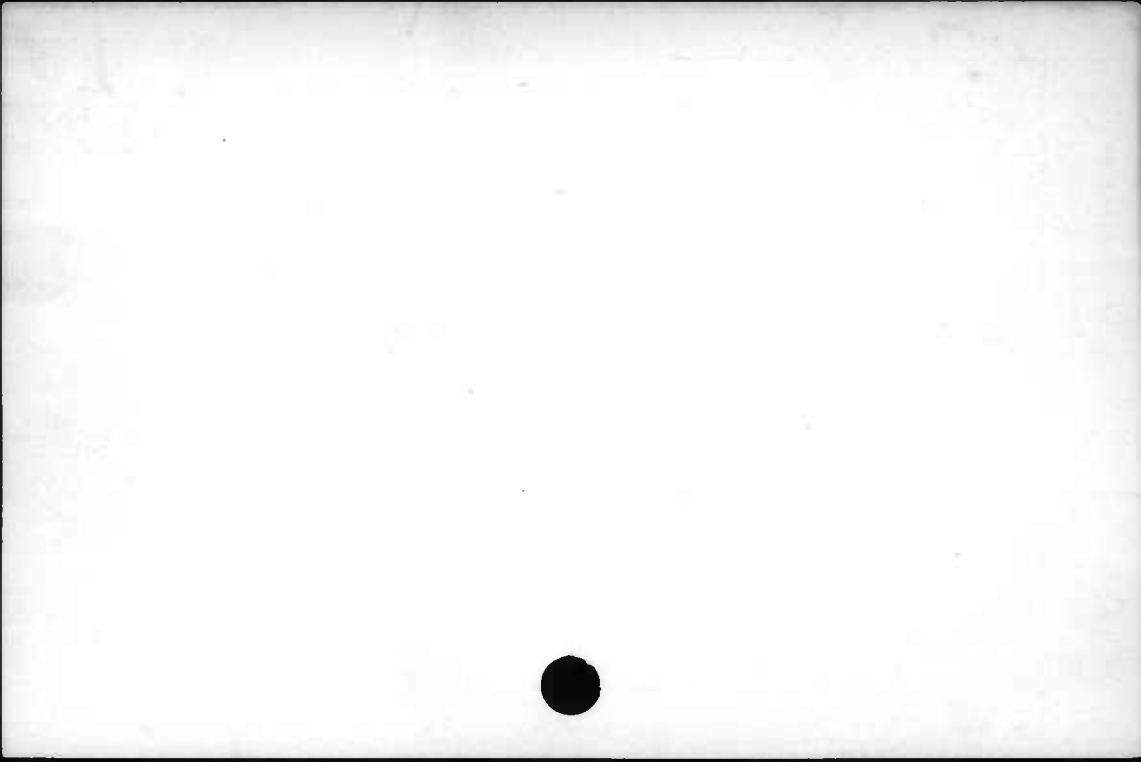
Immediate very small, scrawny, How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician James O. Bullock M.D.

Address Linacoring  
Marshall

Accident or Suicide? no





TO BE ANSWERED BY  
NEAREST FRIEND

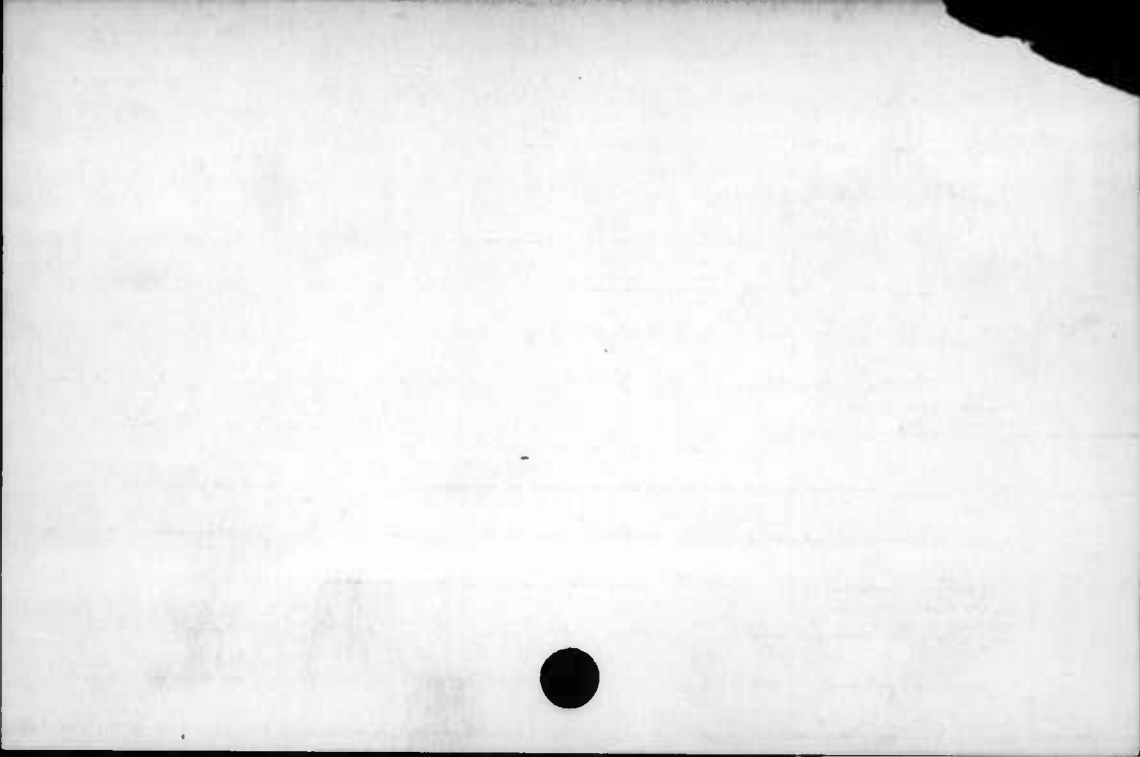
CERTIFICATE OF DEATH

Died at <i>State Line Bedford Road</i>		County <i>allergany</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>mar</i>	Day <i>4</i>	Age <i>15</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>—</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed		Name of Wife or Husband <i>—</i>			
Father's Name <i>William Hartsock</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>William Hartsock</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>one year</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Brace M. D.</i>
	Address <i>Amherst Md</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

Wm Roosevelt Haynes

## CERTIFICATE OF DEATH

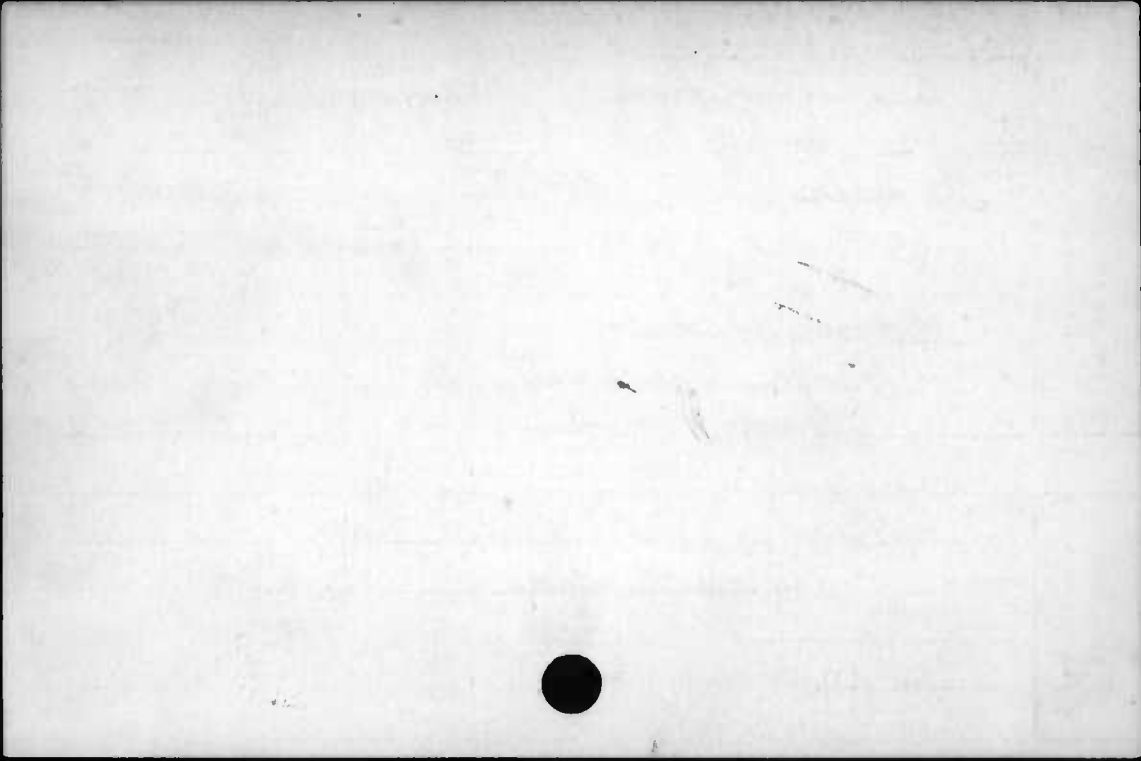
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cumberland		County accy		MARYLAND	
Date of death	1906	Month mch	Day 8	Age	Years 4	Months	Days 22
Sex	male		Color or Race	colored		Birth- place	Cumtota
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Wm. M. Haynes.		Father's Birthplace	
Mother's Maiden Name				Ella Haley		Mother's Birthplace	
Name of person giving in formation						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever		How long	①
Immediate	Pneumonia		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
LOUIS STEIN		Address		
Accident or Suicide?		Summer	Dr. S. Sparks Cumberland Md.	



Name  
in  
Full

infant Infant Slide

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cumberland Town Allegany County  
 Date of death 1906 March 11 Age — Years — Months — Days 6  
 Sex Female Color or Race White Birth-place Cumberland  
 Occupation — Where Residing if not at place of death —

Married, Single  
or Widowed —Name of Wife or  
Husband —Father's  
NameHarry SlideFather's  
BirthplacePaMother's  
Maiden NameFlora BurkettMother's  
BirthplacePaName of person giving  
In formationHarry SlideHow related  
to deceasedFather

## CAUSES OF DEATH

Primary

In<sup>an</sup>itation

How long

6 days

Immediate

Exhaustion

How long

"Are the name, age, sex, color, date  
and place correctly given above?YesSignature of  
PhysicianDr. E. H. White

Address

Cumberland  
Ma.

Accident or Suicide?

LOUIS STEINPHYSICIAN  
OR CORONERLouis Stein undertaker



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>infant</i> <sup>Town</sup> <i>Countd</i>		<i>Still Born</i> <sup>County</sup> <i>accugay</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>March</i>	Day <i>23</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Cumberland</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Erver Cleveland Hinder</i>			Father's Birthplace <i>Countd</i>		
Mother's Maiden Name <i>Ethel states</i>			Mother's Birthplace <i>Countd</i>		
Name of person giving information <i>Erver Cleveland Hinder</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still Birth</i>	<i>Premature</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. H. Jackson</i>
LOUIS STEIN		Address <i>Foghtman</i>
Accident or Suicide? <i>LOUIS STEIN</i>		





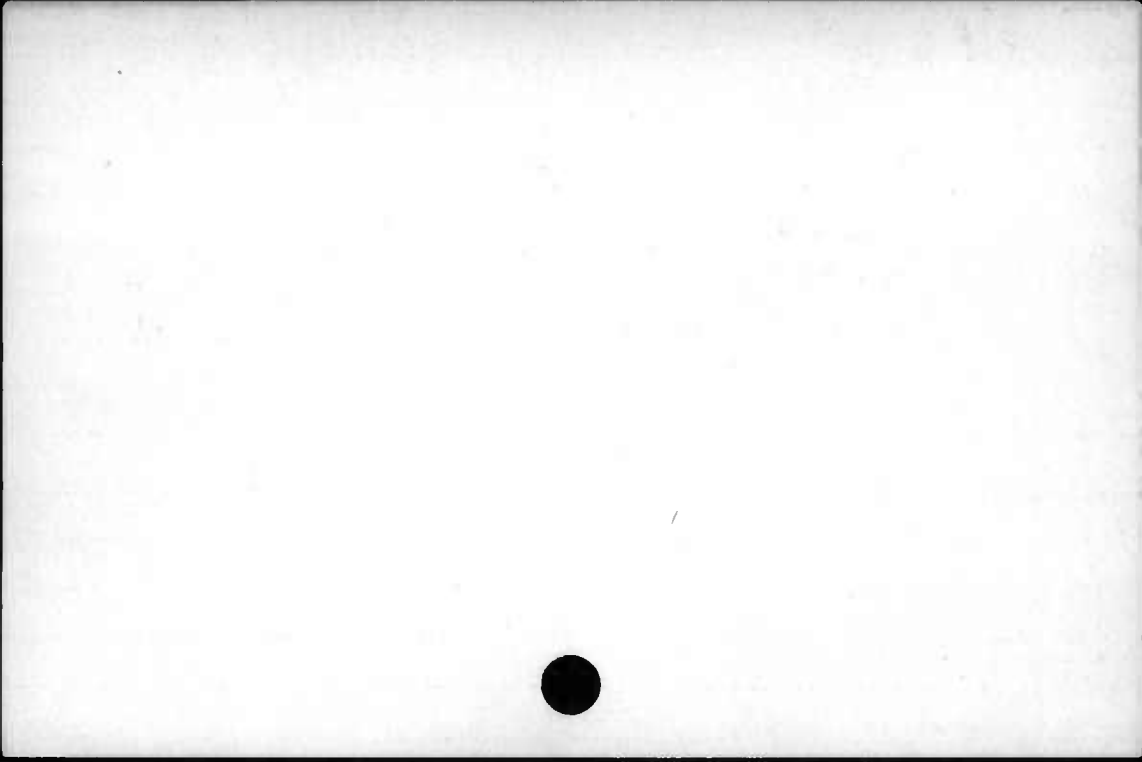
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1906		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Towson</i>			County <i>Allegheny</i>			
Date of death <i>1906</i>	Month <i>3</i>	Day <i>7</i>	Age <i>61</i>	Years	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Pa</i>			
Occupation <i>fireman</i>	Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Annie Houston</i>					
Father's Name <i>Robert Houston</i>	Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Georgia Houston</i>	How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 wks</i>
Immediate <i>"</i>	How long <i>3 wks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Prier</i>
	Address <i>—</i>
Accident or Suicide?	

Long  
St

Name  
in  
Full

## CERTIFICATE OF DEATH

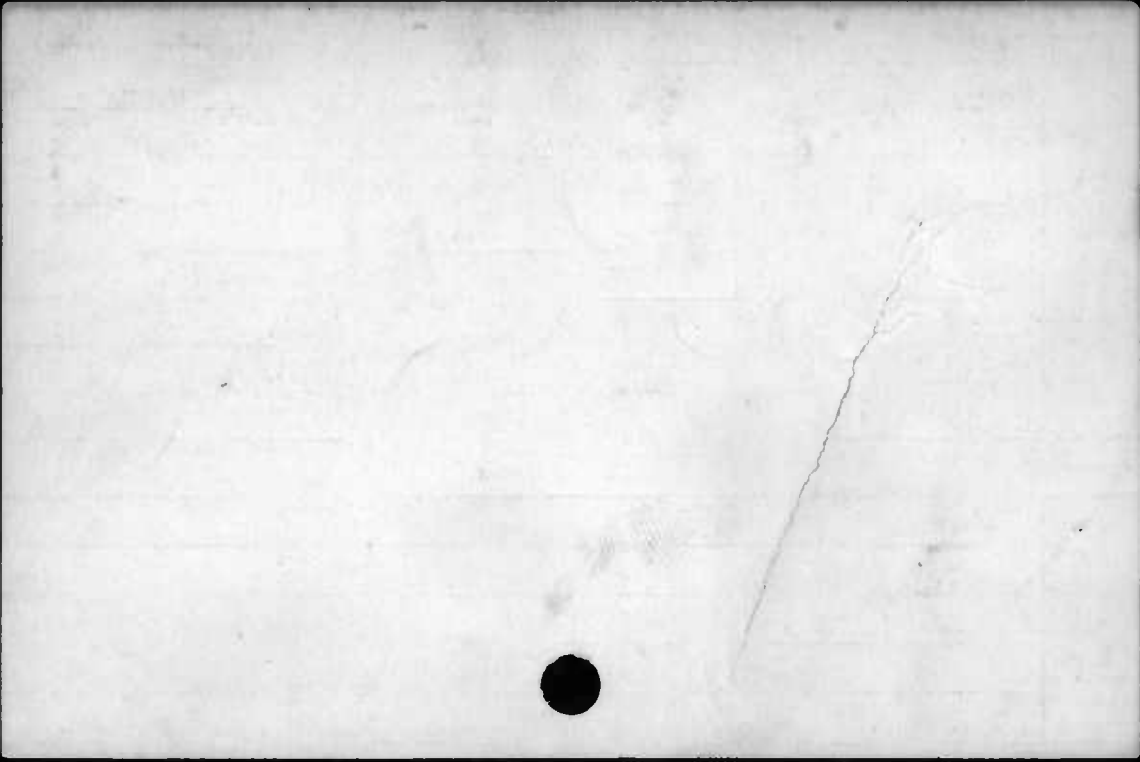
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>James Hughes</i>		Town <i>Westonport</i>		County <i>Allegany</i>		MARYLAND	
Died at		Month <i>3</i>		Day <i>18</i>		Years <i>80</i>	
Date of death <i>190</i>		Age <i>80</i>		Months <i>2</i>		Days <i>17</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Retired Miller</i>		Where Residing if not at place of death					
<del>Married</del> <i>Widower</i>		Name of Wife or <del>Husband</del> <i>Mary C Hughes</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Jacob Hughes</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart failure</i>	How long <i>only a few minutes</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. P. Kelbargh</i>
	Address <i>Westonport</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

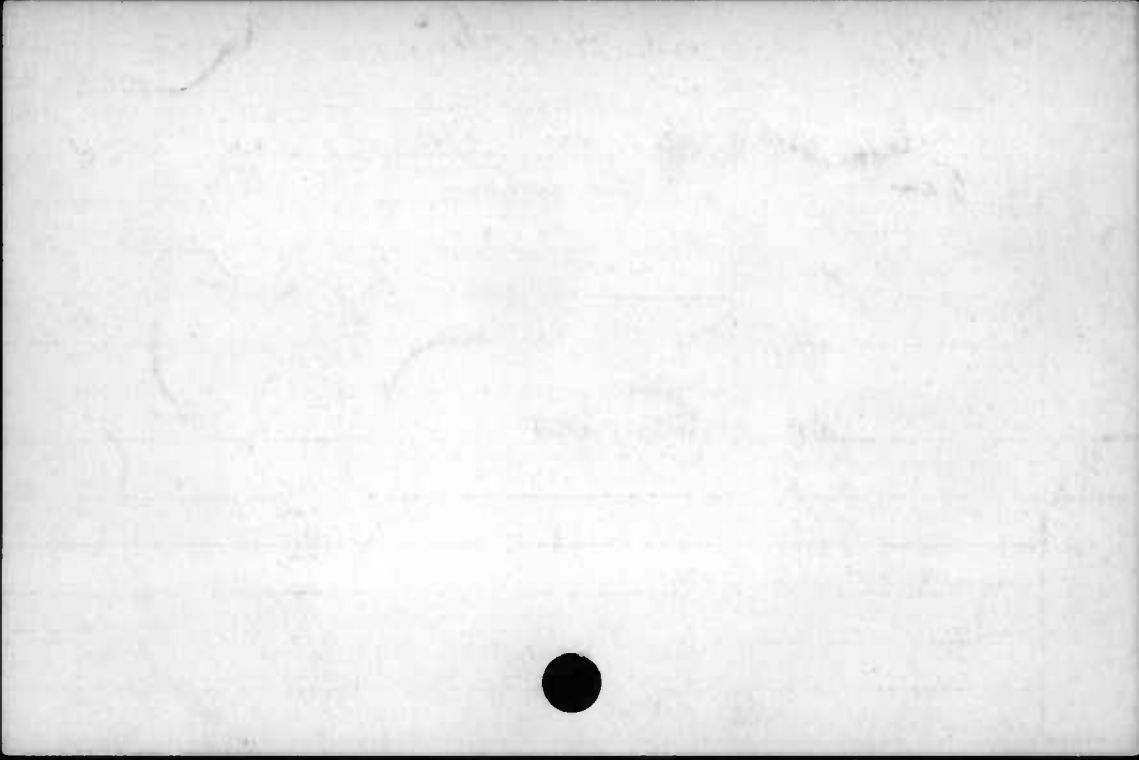
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Westminster</i>		County		MARYLAND	
Date of death		Month <i>March</i>	Day <i>2</i>	Age <i>72</i>	Years <i>2</i>	Months <i>10</i>	Days <i>23</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James Hughes Jr.</i>					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Jas. F. Hughes</i>				<i>(H)</i>		How related to deceased <i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long <i>about one week</i>
Immediate	<i>" "</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. J. Kalbaugh</i>
		Address <i>Piedmont, N.C.</i>
Accident or Suicide?		





Name  
in  
Full

Thomas Jackson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frostburg</u> <sup>Town</sup>		<u>Alleghany</u> <sup>County</sup>		MARYLAND	
Date of death 190	<u>6</u> <sup>Month</sup>	<u>31</u> <sup>Day</sup>	Age <u>67</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>male</u>	Color or Race <u>Negro</u>		Birth-place <u>Frostburg Md</u>		
Married, Single or Widowed <u>Widowed</u>	Occupation				
Name of Wife or Husband <u>Susan Jackson</u>					
Father's Name <u>William Jackson</u>			Father's Birthplace		
Mother's Maiden Name <u>Betsy</u>			Mother's Birthplace		
Name of person giving Information <u>Joseph Lee</u>			How related to deceased <u>(56)</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Alcoholic Paralysis</u>	How long <u>3 hours</u>
Immediate <u>"</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John A. Watson M.D.</u>
	Address <u>Frostburg Md.</u>
Accident or Suicide?	

G. J. M.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Mar.	11	32			
Sex		Color or Race		Birth-place			
Female		White.		Ireland			
Occupation		Where Residing if not at place of death					
Housewife.							
Married, Single or Widowed		Name of Wife or Husband					
Married		Jno B Kelley					
Father's Name		Father's Birthplace					
Daniel Mc Allen		Ireland					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					
J. P. Kelley		Husband					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Rupture of uterus	How long	2 or 3 hrs
Immediate	Shock	How long	" " " "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr Ed. Harris	
		Address	
		Cumberland	
Accident or Suicide?		Harris: Md.	
LOUIS STEIN.			



Name  
in  
Full

## CERTIFICATE OF DEATH

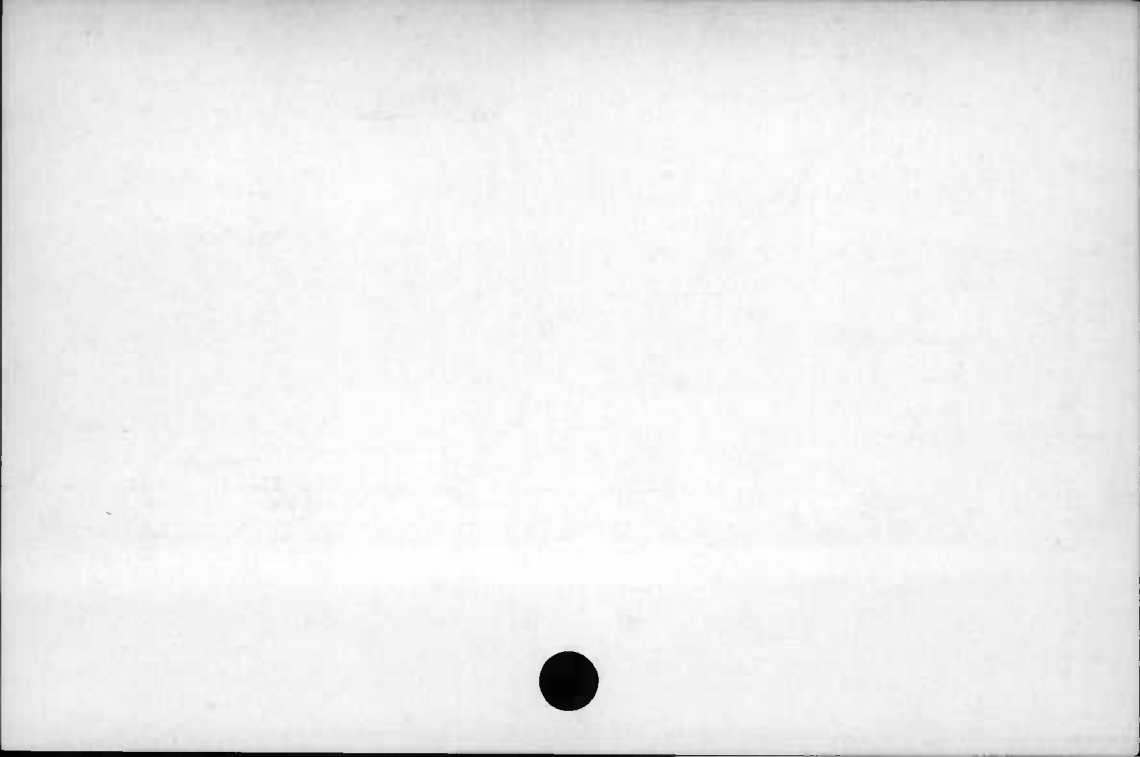
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		March	11	11			
Sex	Male		Color or Race	White		Birth-place	Cumberland, Md.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			John P. Kelley			Father's Birthplace	
Mother's Maiden Name			Margaret			Mother's Birthplace	
Name of person giving information						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Still Birth	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
		Eduard Harris
		Cumberland
		Ind.
Accident or Suicide?		



Name  
in  
Full

Charles Allen Kimes

CERTIFICATE OF DEATH

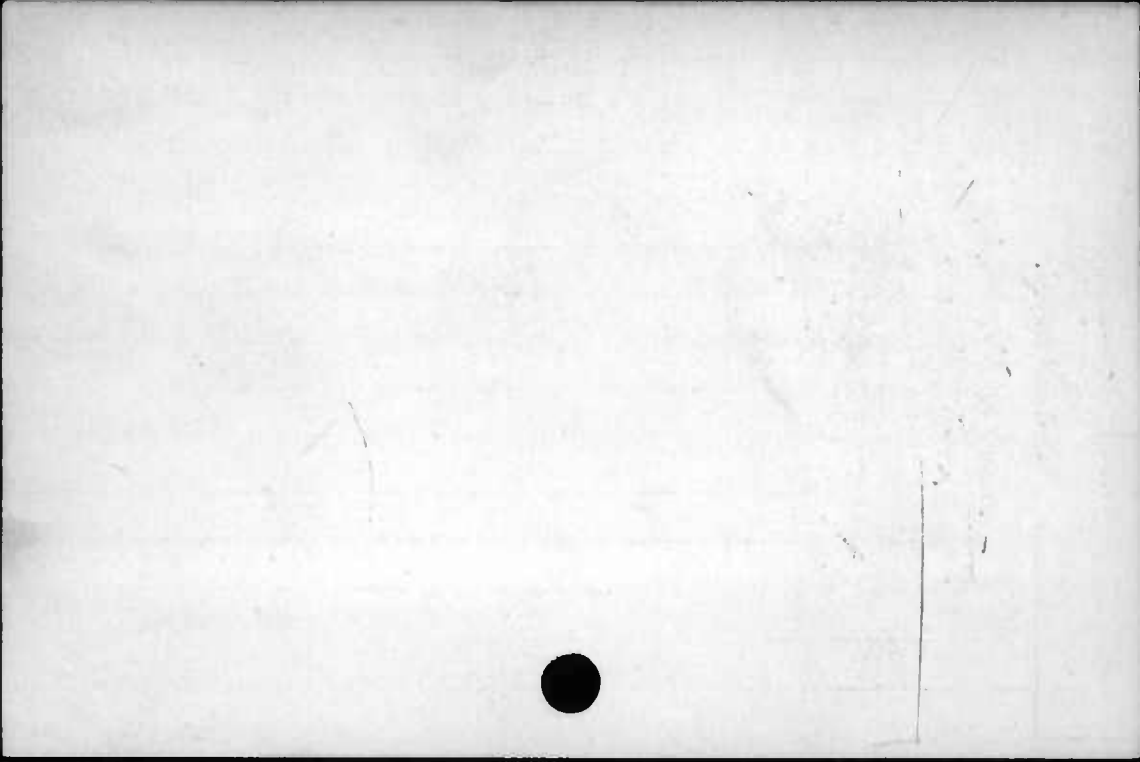
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		3	21	16	2	1	-
Sex	Male		Color or Race	White		Birth-place	Shepherdstown
Occupation	Cooler		Where Residing if not at place of death		Cumberland.		
<del>Married</del> , Single		Name of Wife or Husband					
Father's Name	Moses Allen Kimes					Father's Birthplace	Shepherdstown
Mother's Maiden Name	Sarah Ann Miller					Mother's Birthplace	" " " "
Name of person giving information	" " " "					How related to deceased	Mother

## CAUSES OF DEATH

Primary	Struck by fast express	How long
Immediate	Shock	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
		John M. Murchid
		Gettysburg, Penna
Accident or Suicide?		

PHYSICIAN  
OR CORONER





Name  
in  
Full

Frances Leasure

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death	1906	Month Mar.	Day 9	Age	Years 51	Months	Days
Sex	Female		Color or Race	White		Birth-place	Md.
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Alexander Leasure			
Father's Name	Casper Brinker					Father's Birthplace	Germany
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	W. J. Leasure					How related to deceased	Son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	1 Cerebral Hemorrhage	How long	14 months
Immediate	2 Cerebral Hemorrhage	How long	about 36 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. Fochtmann	
LOUIS STEIN		Address Cumberland Md	
Accident or Suicide? St. P. & P.		✓ Fought	

31 South St.

Name

in  
Full

## CERTIFICATE OF DEATH

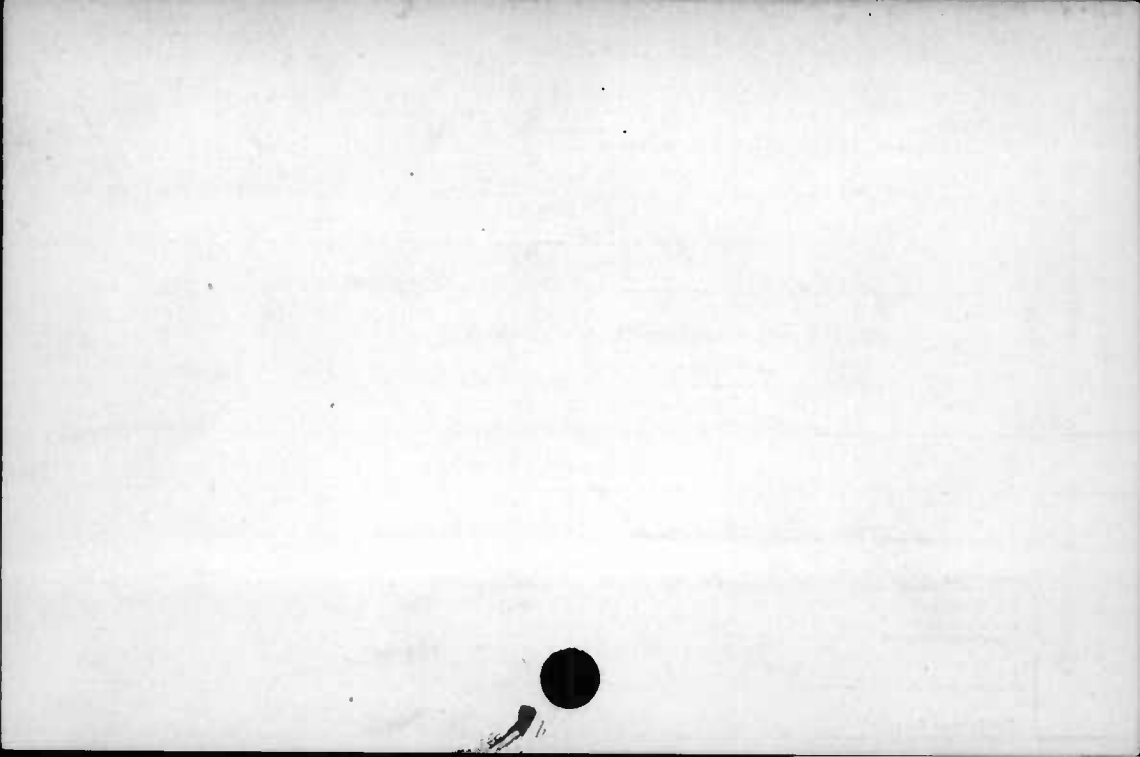
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John Gogue</i>		Town <i>Emm</i>		County <i>Alle</i>		MARYLAND	
Died at		Date of death <i>1906</i>		Month <i>Mar</i>		Day <i>16</i>	
		Age <i>1</i>		Years <i>1</i>		Months <i>7</i>	
		Days <i>5</i>		Sex <i>Male</i>		Color or Race <i>White</i>	
		Birth-place <i>Pa</i>		Occupation  Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Enoch Gogue</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Mattha Lowery</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Enoch Gogue</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>1 yr.</i>
Immediate <i>Pneumonia</i>	How long <i>3 das.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. F. L. Bardoll</i>
LOUIS STEIN	Address <i>so Cumberland</i>
Accident or Suicide? <i>Hyndman Pa.</i>	<i>Ma.</i>



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <u>Frostburg</u>		County <u>Allegany</u>		MARYLAND	
Date of death		190 <u>6</u>	Month <u>May</u>	Day <u>2</u>	Age <u>65</u>	Years <u>1</u>	Months <u>14</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birthplace <u>Sumner Co Pa</u>			
Occupation <u>None</u>		Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>Edy Lacy</u>					
Father's Name <u>John Boucher</u>		Father's Birthplace <u>Pa.</u>					
Mother's Maiden Name <u>—</u>		Mother's Birthplace <u>—</u>					
Name of person giving information <u>Clarence Lacy</u>		(108)		How related to deceased <u>Son</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Strangulated hernia</u>	How long	<u>6 days</u>
Immediate	<u>Exhaustion &amp; intestinal toxemia</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. C. Coker</u>	
<u>Yes</u>		Address <u>Frostburg Md</u>	
Accident or Suicide? <u>No</u>			

Tom

all your family -

Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at ~~St~~ <sup>Town</sup> Barton

County

Alligany

Date of death 21 1906

Month

Mar

Day

Wed

Years

Age 13

Months

2

Days

—

Sex Male

Color or  
Race

white

Birth-  
place

Barton, Md.

Occupation

School child

Where Residing if not  
at place of death

Barton

Married, Single  
or WidowedName of Wife or  
Husband

—

Father's  
Name

Conrad Lutz.

Father's  
Birthplace

Alligany Co, Md

Mother's  
Maiden Name

Emma Crenitzburg

Mother's  
Birthplace

Barton Md

Name of person giving  
Information

Ernest R. Lutz

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Albuminuria

How long

Two months

Immediate

Nephritis -

How long

one week.

Are the name, age, sex, color, date  
and place correctly given above?

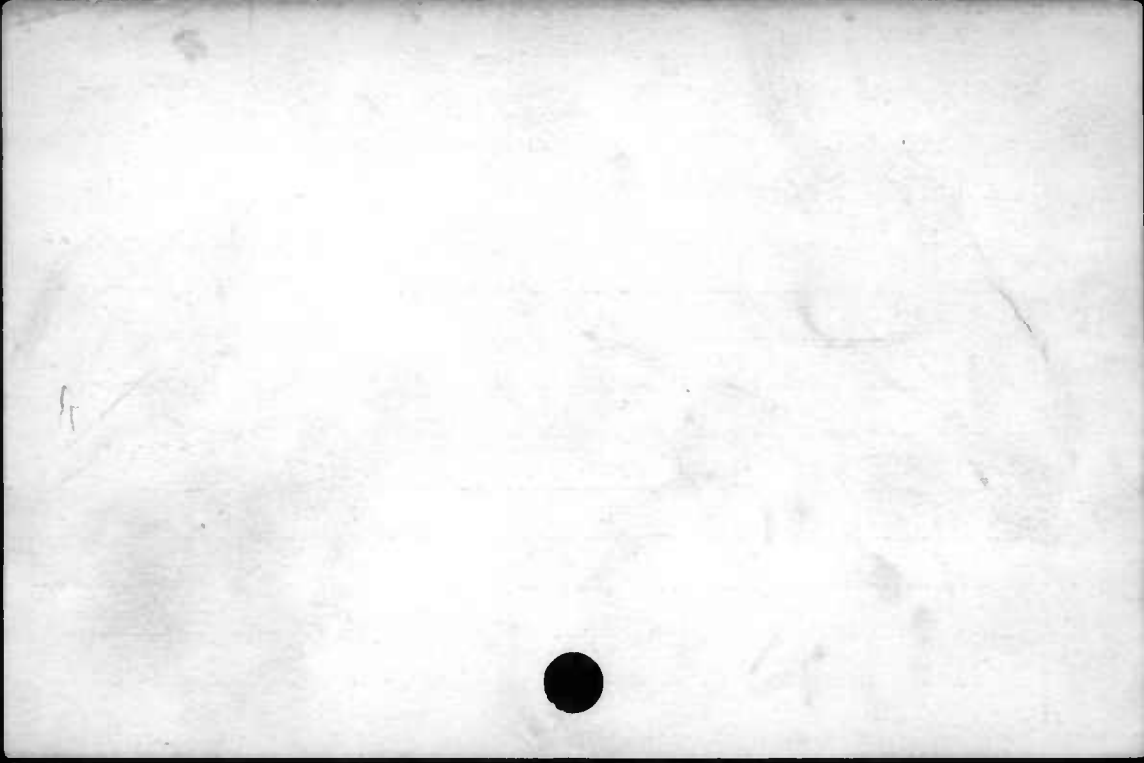
Yes

Signature of  
Physician

Address

J. H. Gann M.D.  
Barton, Md.

Accident or Suicide?





Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Linnacoring</u> Town		<u>Alleghany</u> County		MARYLAND	
		Date of death <u>1906</u> Month <u>Mar</u> Day <u>30</u>		Age <u>50</u> Years		Months <u>—</u> Days <u>—</u>	
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Linnacoring</u>	
		Occupation <u>Miner</u>		Where Residing if not at place of death			
		Married, Single or Widowed <u>Married</u>		Name of Wife <u>Martina Gardner</u>			
		Father's Name <u>John Lynch Sr</u>		Father's Birthplace <u>Scotland</u>			
		Mother's Maiden Name <u>Drabell Kirkwood</u>		Mother's Birthplace <u>" "</u>			
		Name of person giving information <u>John Fulluck</u>		How related to deceased <u>Brother-in-law</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<u>Acute Alcoholism</u> <u>56</u>				How long	<u>Two weeks</u>
	Immediate	<u>Congestion of lungs (ictic)</u>				How long	<u>48 hours</u>
	Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>		Signature of Physician <u>W. B. Skilling M.D.</u>		
	<u>X</u>		Address <u>Linnacoring</u>				
	Accident or Suicide? <u>no</u>						



Name  
in  
Full

Dr William H McComick

## CERTIFICATE OF DEATH

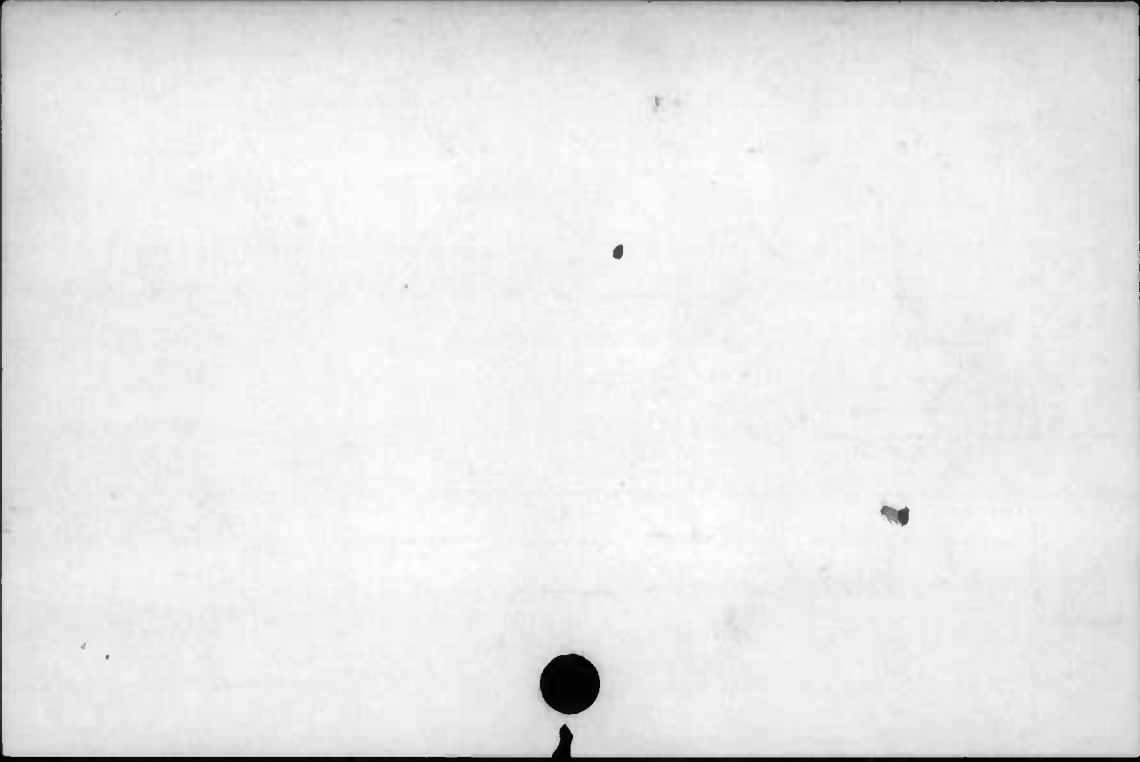
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumtucane</u>		County <u>Allegheny</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>March</u>	Day <u>6</u>	Age <u>79</u>	Years <u>6</u>	Months <u>8</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Fayette Co Pa</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Mrs Jane M McComick</u>				
Father's Name <u>James McComick</u>	Father's Birthplace <u>Pa</u>				
Mother's Maiden Name <u>Mary Smith</u>	Mother's Birthplace <u>N.J.</u>				
Name of parson giving information <u>Mrs Mary E McComick</u>	How related to deceased <u>daughter</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Paralysis</u>	How long <u>about one year</u>
Immediate <u>Exhaustion</u>	How long <u>about 3 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. J. W. W.</u>
	Address <u>Cumtucane</u>
Accident or Suicide? <u>—</u>	<u>Maryland</u>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Anna McHugh* <sup>Town</sup> *Cumld.* <sup>County</sup> *Allegany* **MARYLAND**

Died at *Cumld.* *Allegany*

Date of death *1906* <sup>Month</sup> *Mar* <sup>Day</sup> *10* <sup>Years</sup> *65* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *Female* Color or Race *White* Birth-place *Ireland*

Occupation *housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Patrick McHugh* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Carbuncle* *(143)* How long *10 ds.*

Immediate *Meningitis* How long *24 hrs.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Dr. E. B. Claybrooke*

Address *Westernport*  
*LOUIS STEIN.*

Accident or Suicide? *—*

Thermonport Ind

#714 Joseph 1 daughter

Name in Full <i>Mary Mc Mahon</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Exeter</i> Town		<i>Allegheny</i> County
	Date of death <i>1906</i> Month <i>March</i> Day <i>4</i>		Age <i>84</i> Years Months Days
	Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Ireland</i>
	Occupation <i>Housewife</i>		Where Residing if not at place of death
	Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Thomas Mc Mahon</i>	
	Father's Name <i>McC Mahon</i>	Father's Birthplace <i>Ireland</i>	
Mother's Maiden Name	Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>Wm Mc Mahon</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH	
Primary <i>Pneumonia</i>	How long <i>over week</i>
Immediate <i>Pneumonia</i>	How long <i>over week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Brice</i>
	Address <i>Frostburg Md</i>
Accident or Suicide?	

Cath

G R M



Name in Full		Luther Martin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Mt Savage		County Allegany		MARYLAND	
	Date of death 190	6	Month March	13	Day	8	Months
	Sex	Male		Color or Race	White		Birth-place
	Married, Single or Widowed			Occupation			
	Name of Wife or Husband						
	Father's Name			Zouis Martin		Father's Birthplace	
	Mother's Maiden Name			Eva Watkins		Mother's Birthplace	
Name of person giving information			Zouis Martin		How related to deceased		
			CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary	Diphtheria				How long	2 weeks
	Immediate	Paralysis of Heart				How long	a few hours
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
Accident or Suicide?		Accident		F. Alan E. Murray, Mt Savage, Ind.			



Name

in Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Infant of Geo W. Nehlberth

Town

County

Died at

Cumberland

Bleegany

MARYLAND

Date

of death 1906

Month

3

Day

6

Age

Years

Months

Days

1 hour

Sex

Male

Color or Race

White

Birth-place

Cumb.

Occupation

\_\_\_\_\_

Where Residing if not at place of death

\_\_\_\_\_

Married, Single or Widowed

\_\_\_\_\_

Name of Wife or Husband

Geo \_\_\_\_\_

Father's Name

Geo W. Nehlberth

Father's Birthplace

Cumb.

Mother's Maiden Name

Mary J. Dahl.

Mother's Birthplace

Cumb.

Name of person giving information

Geo W. Nehlberth

How related to deceased

Father

## CAUSES OF DEATH

Primary

Premature birth

How long

6 month

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E B Elaybrook

Address

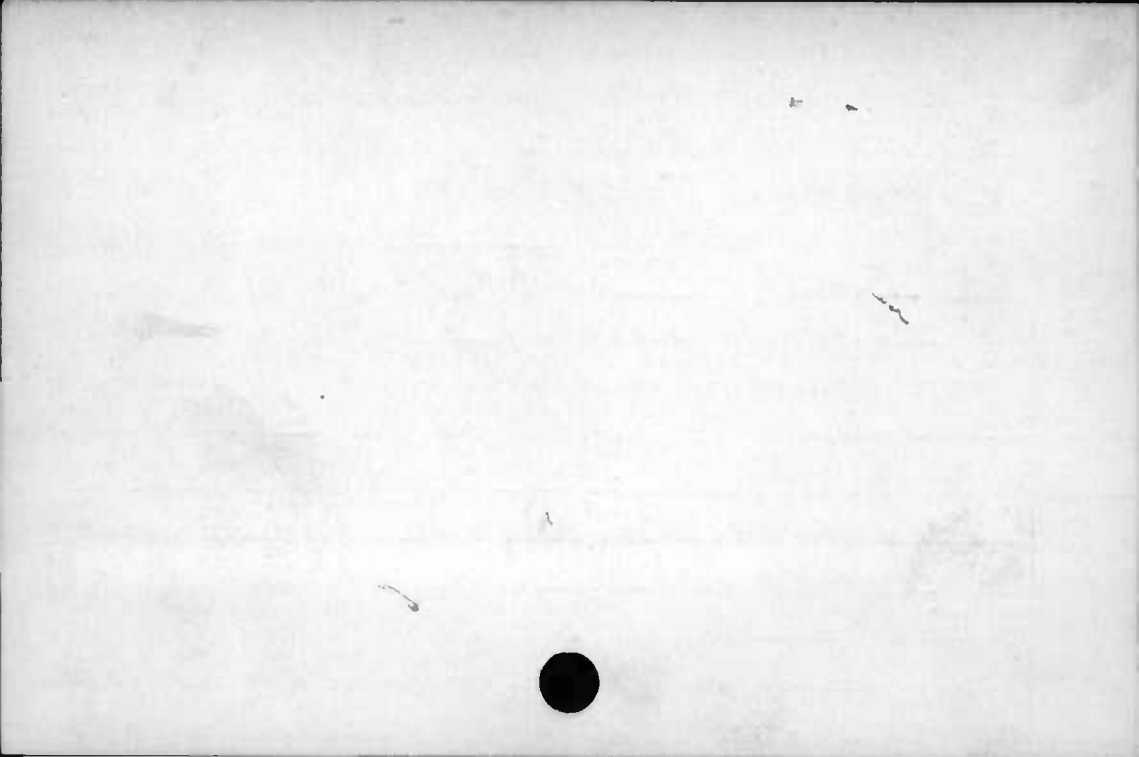
Cumberland

Md

Accident or Suicide?

LOUIS STEIN.

PHYSICIAN  
OR CORONER



Name

in  
Full

Hamilton Mitchell

## CERTIFICATE OF DEATH

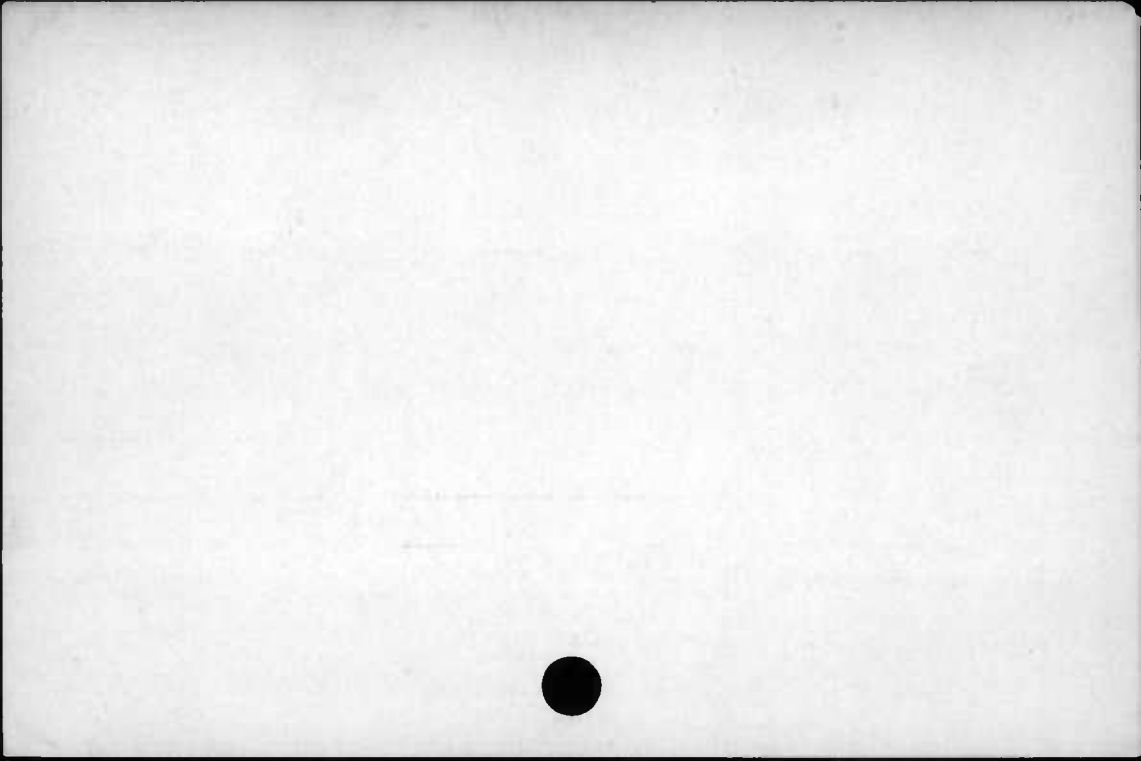
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i>		Town <i>alligans</i>		County		MARYLAND	
Date of death	1906	Month	March	Day	25	Age	58
Sex	Male	Color or Race	White	Birth-place			
Occupation	Brick Maker		Where Residing if not at place of death		Mapleider alligans Coked		
Married, Single or Widowed	Married		Name of Wife or Husband				
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Injury received by Machinery</i>		How long	<i>150</i>
Immediate	<i>Schmitt</i>		How long	<i>150</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		
Signature of Physician		<i>Geo. L. Browning M.D.</i>		
Address		<i>Cumberland</i>		
Accident or Suicide?		<i>Accident</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Joseph Montgomery</b>		Town <b>Cumtola</b>		County <b>Accery</b>		MARYLAND	
Died at <b>Cumtola</b>		Month <b>3</b>		Day <b>11</b>		Years <b>44</b>	
Date of death <b>1906</b>		Months <b>4</b>		Days <b>4</b>		Age <b>44</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birthplace <b>Chesfield Co.</b>			
Occupation <b>Sawyer</b>		Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>—</b>					
Father's Name <b>James</b>		Father's Birthplace <b>Chesfield Co.</b>					
Mother's Maiden Name <b>Perceen Hawkenbury</b>		Mother's Birthplace <b>" "</b>					
Name of person giving information <b>—</b>		How related to deceased <b>—</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long <b>(82)</b>
Immediate <b>Embolism mid cerebral artery</b>	How long <b>6 days</b>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>A. H. Hawkins</b>
	Address <b>Cumtola Md.</b>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Berilias Moury -  
Tolbing all Agency

Date

of death 1906

Month

3

Day

10

Age

Years

63

Months

1

Days

13

Sex

male

Color or  
Race

white

Birth  
place

Mt. Jackson, Va.

Occupation

Miner

Where Residing if not  
at place of deathMarried, Single  
or Widowed

married

Name of Wife or  
HusbandGaral  
~~Frances~~ Moury -Father's  
Name

John Moury -

Father's  
Birthplace

-

Mother's  
Maiden Name

Frances Minnicks

Mother's  
Birthplace

Va.

Name of person giving  
information

Wm. Moorey

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Shock following injury received in the mine

How long

3 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J. C. Cohen  
Furthberg, Ind.

Accident or Suicide?

no

Shang & Mayer

Mr. Jackson.

Ja

Name  
in  
Full

Mary O'Rourke

## CERTIFICATE OF DEATH

MARYLAND

Died at *Lonaconing* TownCounty *Allegany*

Date

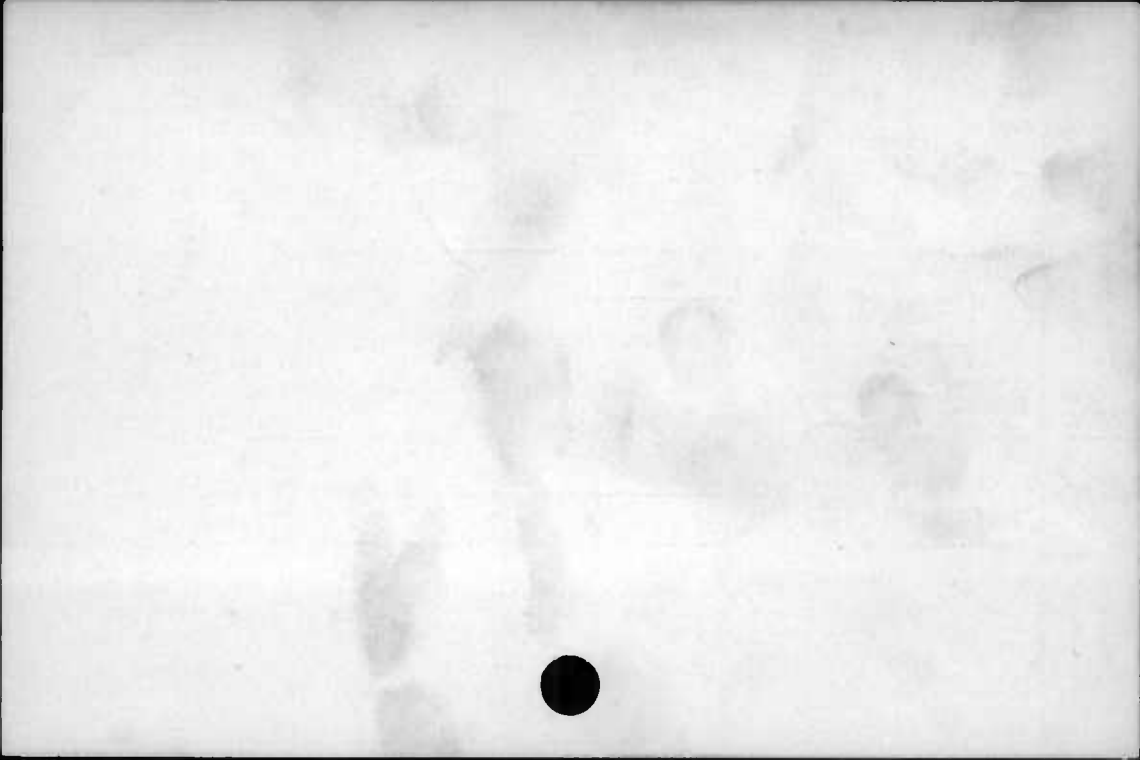
of death *1906*Month *March*Day *27*

Years

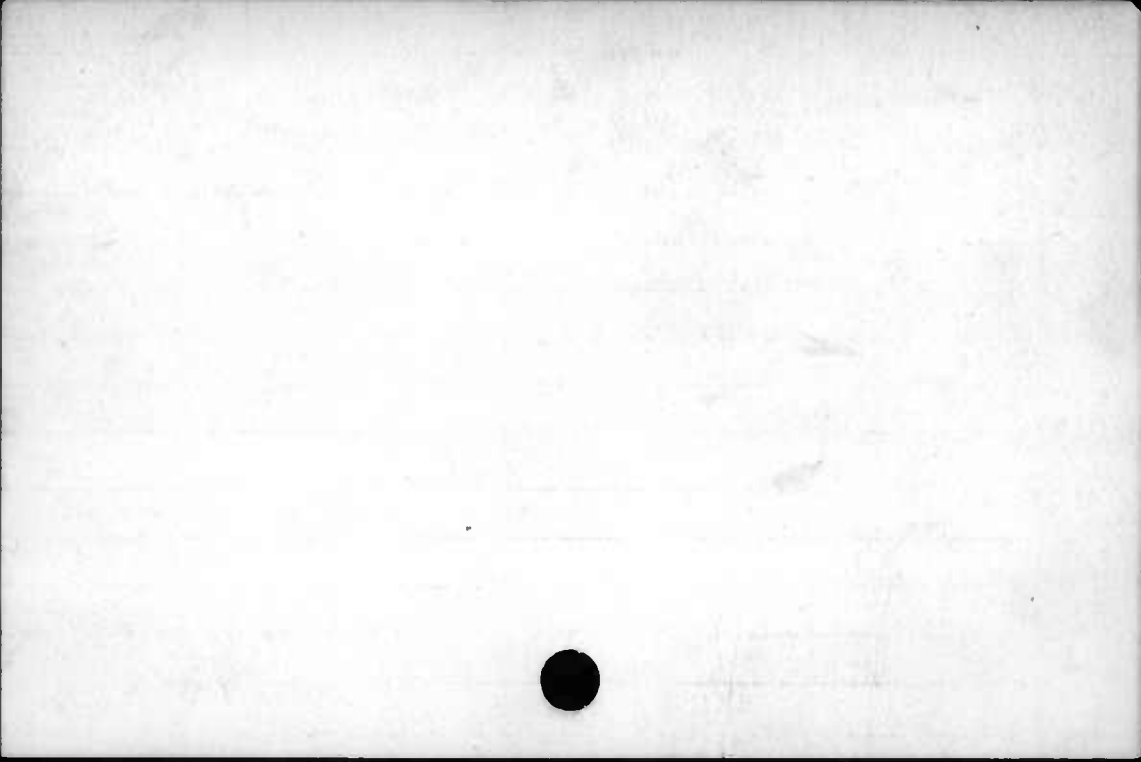
Age *62*Months *5*Days *12*Sex *Female*Color or  
Race *White*Birth-  
place *Ireland*Occupation *Housewife*Where Residing if not  
at place of deathMarried, Single  
or Widowed *Widowed*Name of Wife or  
Husband *Peter O'Rourke*Father's  
Name *Bradley*Father's  
Birthplace *Ireland*Mother's  
Maiden Name *Unknown*Mother's  
Birthplace *Ireland*Name of person giving  
In formation *John O'Rourke*How related  
to deceased *Son*

## CAUSES OF DEATH

Primary *—*How long *—*Immediate *Cerebral Hemorrhage*How long *3 days*Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician *Henry M. Hodgson*Address *Lonaconing, Md.*Accident or Suicide? *No.*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name In Full		Guiseppe Pontorfi				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cumberland		Towm		County	
	Date of death		1906	Month	Mar	Day	12
	Age		22	Years	Months		Days
	Sex	Male		Color or Race	Italian		Birth-place
	Occupation		Laborer		Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
PHYSICIAN OR CORONER	Name of person giving information		Hospital nurse			How related to deceased	
						None	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Typhoid fever			How long	
						3 weeks	
	Immediate		Exhaustion			How long	
	Are the name, age, sex, color, date and place correctly given above?		yes			Signature of Physician	
						Address	
					J. M. Spear		
					Cumberland		
					Accident or Suicide?		



Name  
in  
Full

Richard Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Sylvan Retreat</u> <sup>Town</sup> <u>anyway</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>6</u>	Month <u>Mar</u>	Day <u>13</u>	Age <u>64</u> Years Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>England</u>	
Married, Single or Widowed <u>Married</u>	Occupation <u>Miner</u>		
Name of Wife or Husband <u>Mary Ann Rogers</u>			
Father's Name <u>James Brown</u>		Father's Birthplace <u>England</u>	
Mother's Maiden Name <u>Hannah Phillips</u>		Mother's Birthplace <u>England</u>	
Name of person giving information <u>Supt. L. J. Hice</u>		How related to deceased <u>—</u>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Paralysis</u>	How long <u>—</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. F. Swigg</u>
	Address <u>Cambridge, Md.</u>

Alleg. Conn  
S & Co



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND		
Date of death		1906	Month	Day	Age	Years	Months	Days
Sex		Female		Color or Race		White		Birth-place
Occupation		—		Where Residing If not at place of death		—		allegeny
Married, Single or Widowed		single		Name of Wife or Husband		—		—
Father's Name		Justin Pace		Father's Birthplace		Eckhart Md.		—
Mother's Maiden Name		Matilda Sharpe		Mother's Birthplace		Eckhart Md.		—
Name of person giving information		Justin Pace		How related to deceased		Father.		—

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Spina bifida	How long	—
Immediate	Convulsions	How long	about 4 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. C. Coker
	no	Address	Franklin
Accident or Suicide?	no		

Porter Cemetery  
Eastland. Md.  
John & Mary or.

Name  
in  
Full

## CERTIFICATE OF DEATH

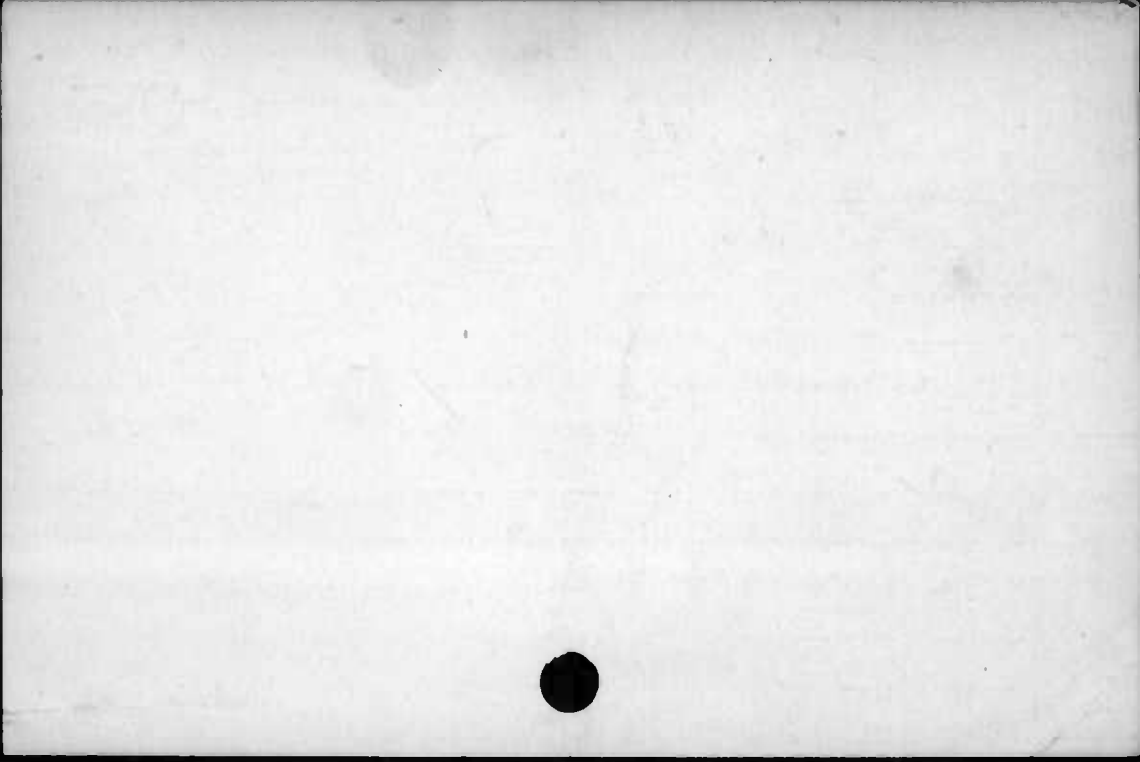
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		State	
Ms. Savage		Ms. Savage		Allegheny		MARYLAND	
Date of death	1906	Month	Feb	Day	4	Age	27
Sex	Male	Color or Race	White	Birth-place	Ms. Savage Md.		
Occupation	Police clerk			Where Residing if not at place of death			
Married Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Geo. E. Ramsford			Father's Birthplace			
Mother's Maiden Name	Miriam West			Mother's Birthplace			
Name of person giving information	Wm B Ramsford			How related to deceased			
			Brother				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	18 years
Immediate	Pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Chas. J. Quales
		Address	Ms. Savage Md.
Accident or Suicide?	—		



Name  
in  
Full

## CERTIFICATE OF DEATH

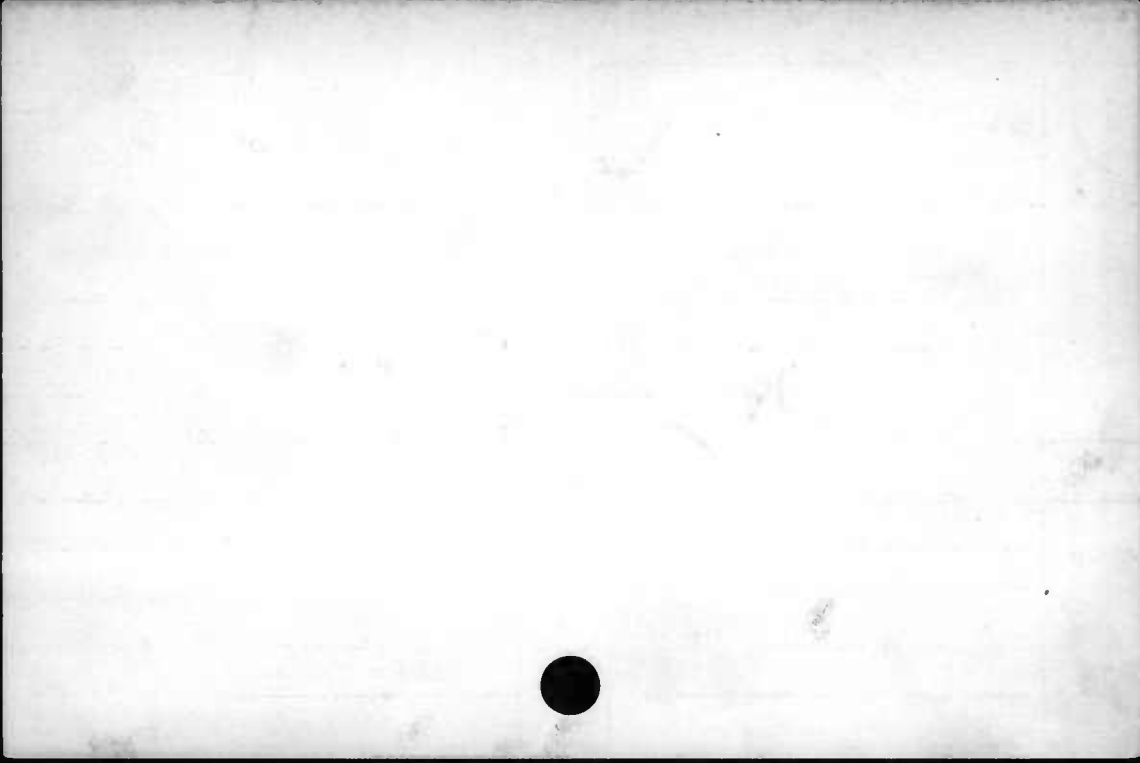
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Amanda F Ranssroff</i>		Town <i>Westport</i>		County <i>Allegheny</i>		MARYLAND	
Died at		Month <i>3</i>		Day <i>27</i>		Age <i>66</i>	
Date of death 190		Years <i>5</i>		Months <i>4</i>		Days <i>4</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Virginia</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of <del>Wife or</del> Husband <i>James R Ranssroff</i>							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving In formation <i>Mrs Hugh Bothwell</i>		How related to deceased <i>Niece</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primery <i>Cancer</i>		How long <i>1 yr.</i>	
Immediate <i>cc</i>		How long <i>45</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>D. J. Long</i>	
		Address <i>Piedmont W. Va.</i>	
Accident or Suicide? <i>No</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>George W. Reed</i>		Town <i>Camden</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died at <i>Camden</i>		Month <i>March</i>		Day <i>22</i>		Years <i>31</i>	
Date of death <i>1906</i>		Month <i>March</i>		Day <i>22</i>		Age <i>31</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Camden</i>		Months <i>-</i>	
Occupation <i>Laborer</i>		Where Residing If not at place of death <i>-</i>		Days <i>-</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Margaret</i>		Father's Birthplace <i>Conn.</i>		Mother's Birthplace <i>"</i>	
Father's Name <i>Taylor Reed</i>		Mother's Maiden Name <i>Mary Reynolds</i>		How related to deceased <i>Wife</i>			
Name of person giving information <i>Margaret Reed</i>							

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Pulmonary Tuberculosis</i>	How long <i>3 or 4 yrs.</i>
	Immediate <i>Exhaustion</i>	How long <i>-</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Dr. E. B. Claybrooke</i>
		Address <i>919 Camden Md.</i>
	Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

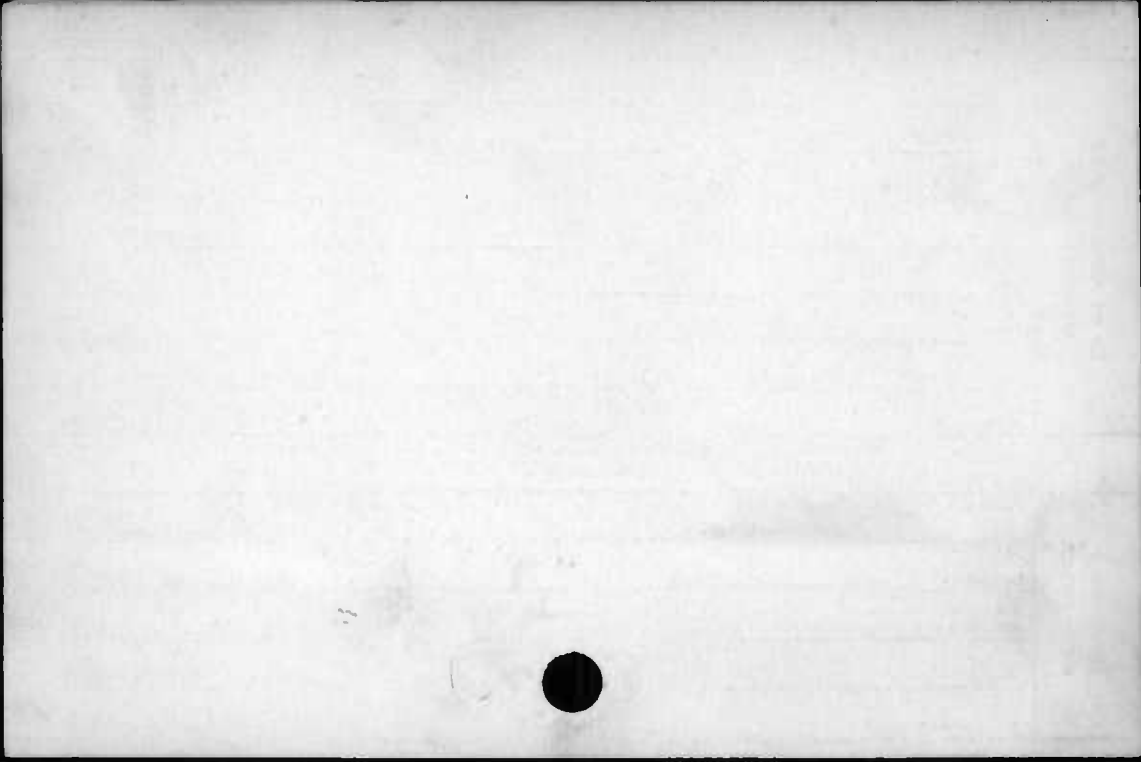
TO BE ANSWERED BY  
NEAREST FRIEND

Name of John Rice		County Allegany		MARYLAND	
Died at Near Cumberd.		Town		County	
Date of death 1900	Month Mar.	Day 9	Age	Years	Months
Sex Female	Color or Race White	Birth-place Cumberd.			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name John Rice, S.		Father's Birthplace Near Cumberd.			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information John Rice		How related to deceased Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Asphyxia S	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician Dr. W. R. Rodgers
LOUIS STEIN.		Address Cumberland
Accident or Suicide? Not Pleasant.		LOUIS STEIN. Md.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Rior*

Died at *Cumberland* Town *accergany* County *MARYLAND*

Date of death *1906* Month *mar* Day *7* Age *86* Years Months Days

Sex *male* Color or Race *white* Birth-place

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *John Frantz* How related to deceased *son in law*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Inflammation* How long *3 weeks*

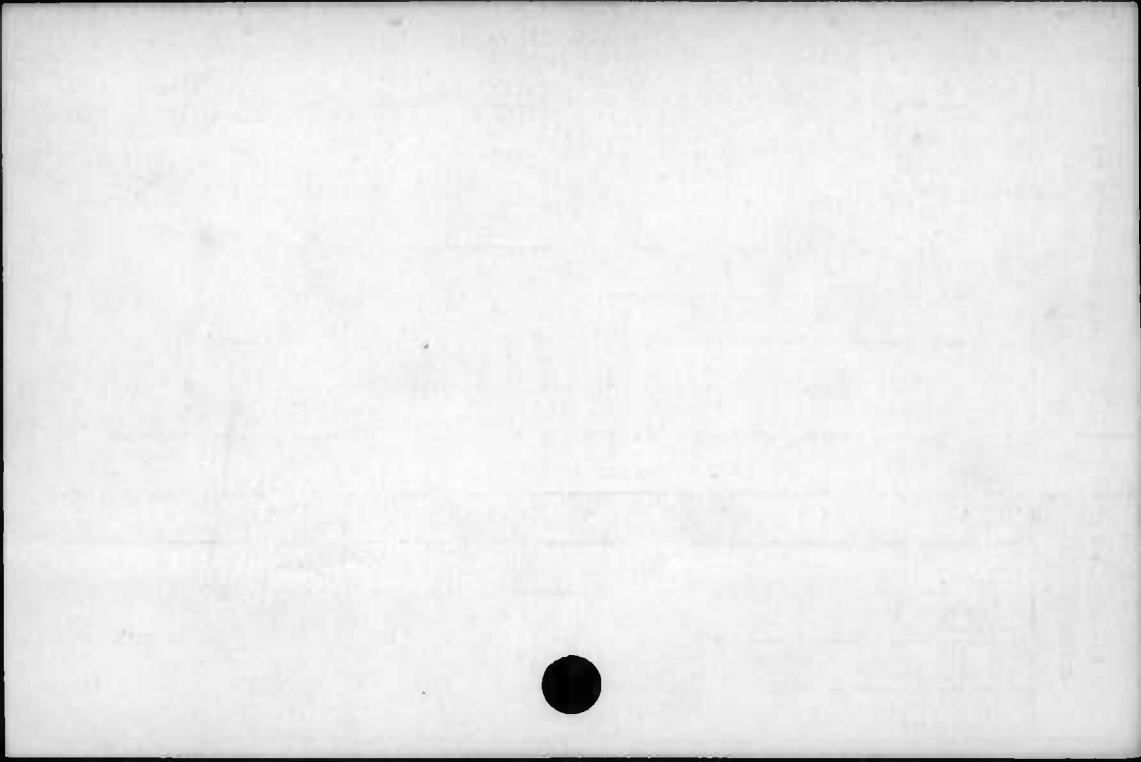
Immediate *Exhaustion* How long *few days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *James W. ...*

Address *...*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

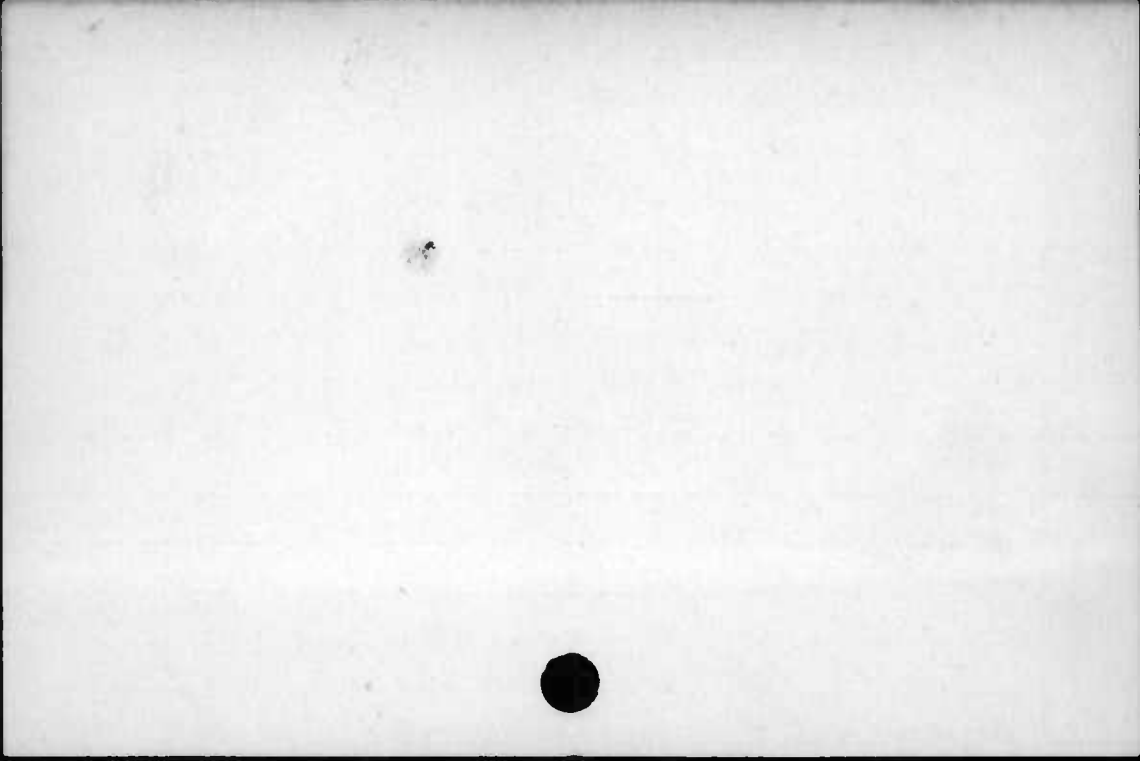
MARYLAND

Died at <i>Lanacoming</i> Town <i>Allegany</i> County	
Date of death <i>1906</i> Month <i>Mar</i> Day <i>12</i> Age <i>3</i> Years Months Days	
Sex <i>Male</i> Color or Race <i>White</i> Birthplace <i>England</i>	
Occupation <i>none</i> Where Residing if not at place of death <i>—</i>	
Married, Single or Widowed <i>Single</i> Name of Wife or Husband <i>—</i>	
Father's Name <i>Charles Rogers</i> Father's Birthplace <i>England</i>	
Mother's Maiden Name <i>Margaret Blythe</i> Mother's Birthplace <i>England</i>	
Name of person giving information <i>Charles Rogers</i> How related to deceased <i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough</i> How long <i>10 weeks</i>
Immediate <i>Pneumonia</i> How long <i>20 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> Signature of Physician <i>W. D. Skelling M.D.</i>
Address <i>Lanacoming</i>
Accident or Suicide? <i>No</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

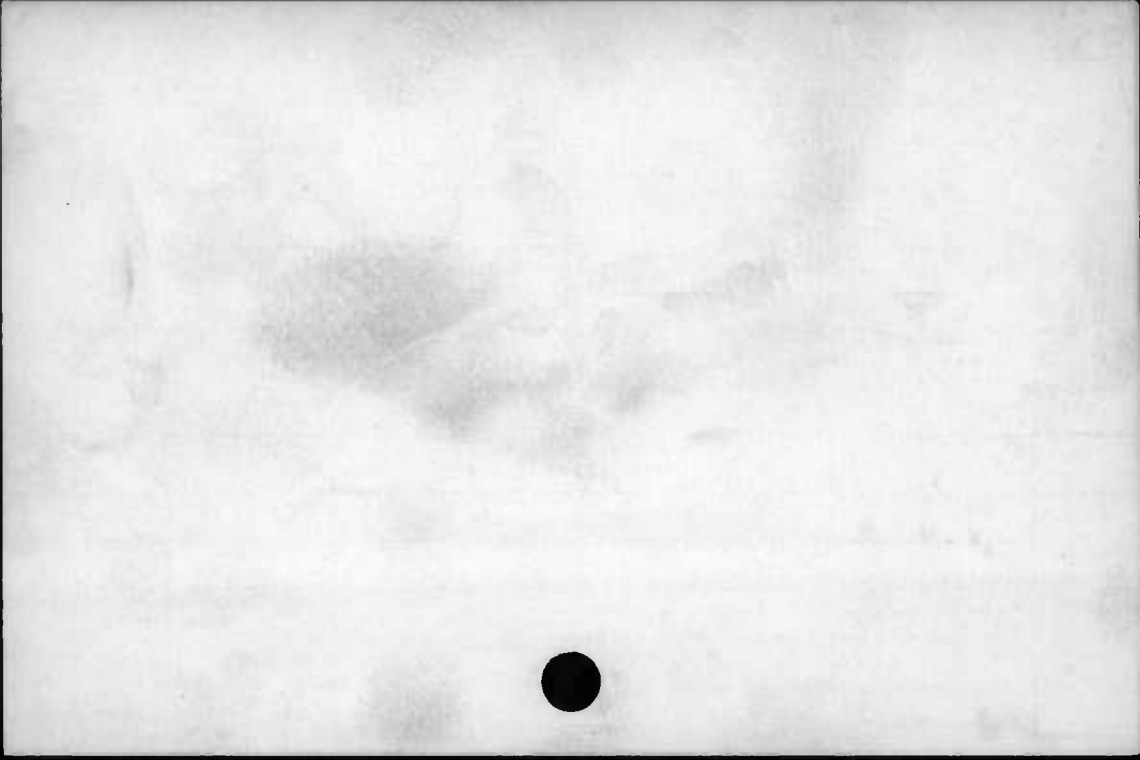
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumtland</u> Town <u>Allegany</u> County		MARYLAND	
Date of death 1906	Month 3	Day 10	Age 4 <sup>Years</sup> 4 <sup>Months</sup> weeks
Sex female	Color or Race White	Birth-place Cumtland	
Occupation		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name John H. Rimmer		Father's Birthplace Maryland	
Mother's Maiden Name Rhana Robby		Mother's Birthplace	
Name of person giving information John H. Rimmer		How related to deceased father.	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Whooping cough	How long 2 weeks
Immediate Exhaustion	How long 2 weeks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W. J. Turgg
	Address Cumtland and Md
Accident or Suicide?	





Name  
in  
Full

Irvine E. Shaw

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumda</i>		Town		<i>Cayuga</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>March</i>	Day	<i>7</i>	Age	<i>—</i>	Years	<i>—</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Cumda</i>		
Occupation	<i>—</i>				Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>						
Father's Name <i>Amos E. Shaw</i>						Father's Birthplace <i>V. Ballyn Co.</i>			
Mother's Maiden Name <i>Lizzie Norris</i>						Mother's Birthplace <i>Pa</i>			
Name of person giving information <i>Amos Shaw</i>						How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Mal development</i>	How long	<i>(150)</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Dr F. L. Baskdole</i>	
LOUIS STEIN.		Address	
		<i>Amberland</i>	
		<i>Md.</i>	
Accident or Suicide?			

121. Thomas St.

J—

150

Name

In Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Harris Shear* Town *Frostburg* County *Alleg* MARYLAND

Died at *Frostburg*

Date of death 1906 Mar 14 Age 54 Months — Days —

Sex *M.* Color or Race *white* Birth-place *Russian*

Occupation *Merchant* Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name *Issac Shear* (179) Father's Birthplace *Russian*

Mother's Maiden Name — Mother's Birthplace *Russian*

Name of person giving information *Issac Shear* How related to deceased *brother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *did not see him alive think heart trouble* How long *few*

Immediate *minutes*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. Griffith*

Address *Frostburg*

Accident or Suicide? —

John G. Meyer  
Camden Md.

Name in Full		Town		County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Allegany		Allegany		MARYLAND			
		Date of death		1906	May	15	Age	62	Months	7	
		Sex		M		Color or Race		W		Birth-place	
		Occupation		Miner		Where Residing if not at place of death		England			
		Married, Single or Widowed		Married		Name of Wife or Husband		Sophia Shoemate			
		Father's Name		Dont Know		Father's Birthplace		Dont Know			
		Mother's Maiden Name		Dont Know		Mother's Birthplace		Dont Know			
Name of person giving information		James Rankin		How related to deceased		Son in law					
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary		Brights disease		(64)		How long			
		Immediate		Cerebral hemorrhage		11 hours		How long			
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. C. Colby			
				No		Address		Firthing Rd			
		Accident or Suicide?									

G. & M.

Ms Savayr Episcopal Ann-

Name  
in  
Full

## CERTIFICATE OF DEATH

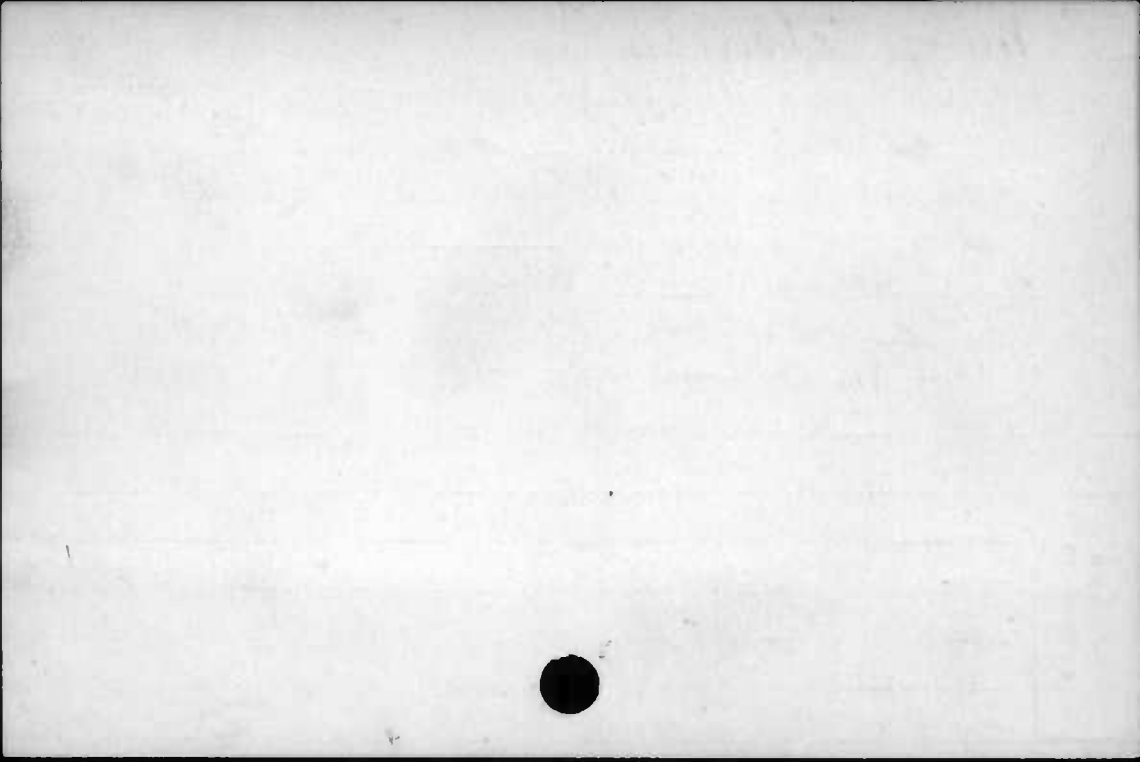
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Mary Smith</b>		Town <b>Cumttd</b>		County <b>accugary</b>		MARYLAND	
Died at		Month <b>March</b>		Day <b>2</b>		Years <b>40</b>	
Date of death <b>1906</b>		Month <b>March</b>		Day <b>2</b>		Age <b>40</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Pa</b>		Months <b>—</b>	
Occupation <b>Seamstress</b>		Where Residing if not at place of death <b>—</b>		Days <b>—</b>			
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>—</b>					
Father's Name <b>Robert Smith</b>		Father's Birthplace <b>Scotland</b>					
Mother's Maiden Name <b>Mary Crawford</b>		Mother's Birthplace <b>Scotland</b>					
Name of person giving information <b>Mary Smith</b>		How related to deceased <b>mother</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Tubercular Peritonitis</b>	How long
Immediate	<b>Exhaustion</b>	How long
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Dr. J. T. Johnson</b>
		Address <b>Accugary</b>
Accident or Suicide? <b>LOUIS STEIN,</b>		<b>md</b>





Name

in  
Full

## CERTIFICATE OF DEATH

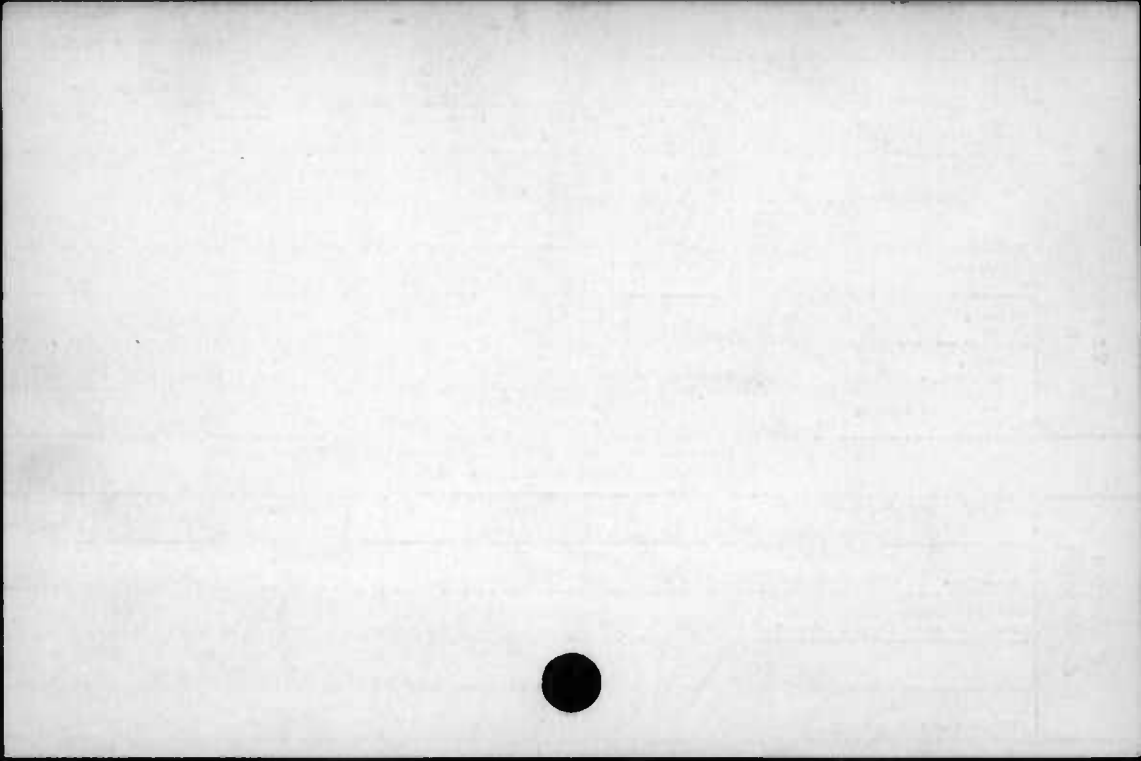
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumuld</i>		County <i>Arroyo</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Mich</i>	Day <i>9</i>	Age <i>49</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cumuld</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ella</i>				
Father's Name <i>Dean</i>	Father's Birthplace				
Mother's Maiden Name <i>Dean</i>	Mother's Birthplace				
Name of person giving information <i>Ella Sticker</i>	(26)		How related to deceased <i>Wife</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Laryngeal Tuberculosis</i>	How long <i>Several months</i>
Immediate <i>4th operation</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. W. Jackson</i>
<i>LOUIS STEIN,</i>	Address <i>Foghtman Road</i>
Accident or Suicide? <i>St. Pat.</i>	



Name  
in  
Full

Elmer S. Stubblefield

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

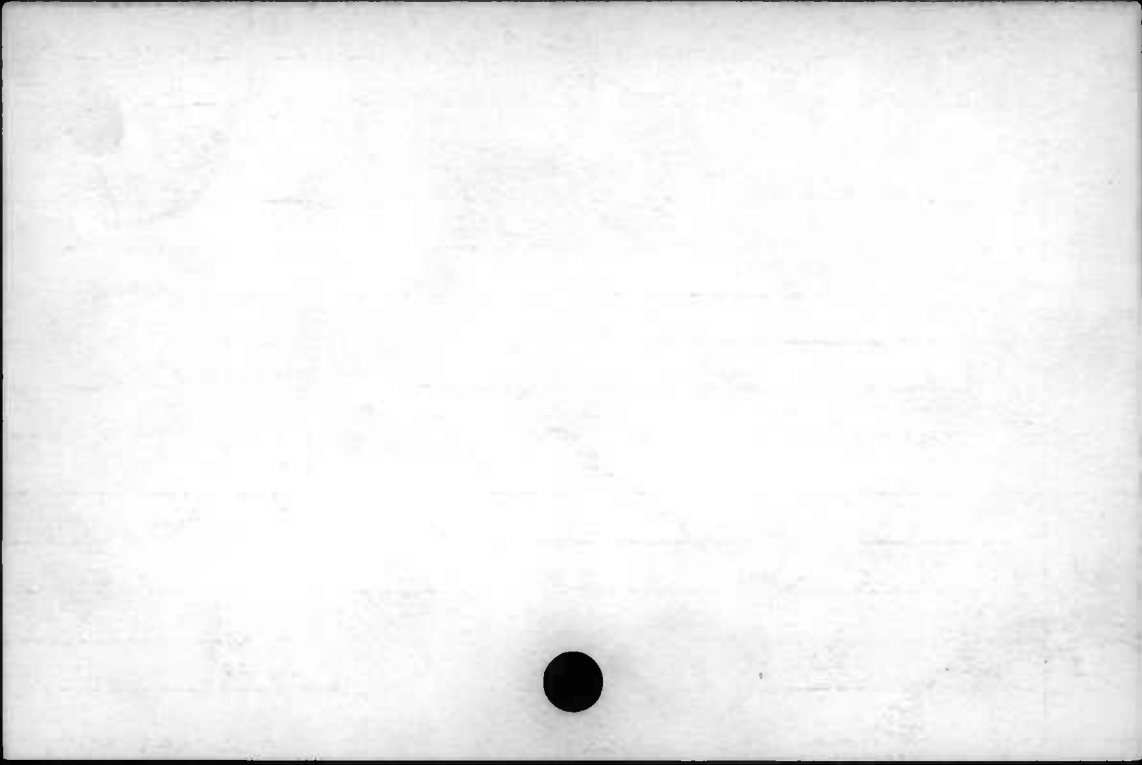
MARYLAND

Died at <i>Crusader</i> <sup>Town</sup>		<i>Allegheny</i> <sup>County</sup>			
Date of death	1906	Month	3	Day	1
Age	91	Years		Months	9
Sex	Female	Color or Race	White	Birth-place	Baltimore, Md.
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Geo. Stubblefield</i>				
Father's Name	<i>Thomas Edwards</i>			Father's Birthplace	<i>Kent County, Md.</i>
Mother's Maiden Name	<i>Mary <del>Edwards</del> Turner</i>			Mother's Birthplace	<i>Kent Co. Md.</i>
Name of person giving information	<i>M. E. Spring</i>			How related to deceased	<i>Daughter</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>7 days</i>
Immediate	<i>Pulmonary edema</i>	How long	<i>12 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Samuel J. Whiston, M.D.</i>
		Address	<i>Quakertown, Pa.</i>
Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Buried</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>4</i>	Age <i>1</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Allegheny Co</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>S. Stibelfield</i>			Father's Birthplace <i>W. Va</i>		
Mother's Maiden Name <i>Wesley Jackson</i>			Mother's Birthplace <i>W. Va</i>		
Name of person giving information <i>S Stibelfield</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Castro Enteritis</i>	How long <i>105</i>
Immediate <i>Convulsions</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes!</i>	Signature of Physician <i>Dr. Edward Harris</i>
	Address <i>Allegheny</i>
Accident or Suicide? <i>LOUIS STEIN.</i>	<i>Ma.</i>



Name  
in  
Full

Robt Taylor.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frostburg</i>		County <i>Allegany</i>		MARYLAND	
Date of death	1906	Month <i>March</i>	Day <i>24</i>	Age <i>74</i>	Months <i>—</i> Days <i>—</i>
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Ind</i>		
Occupation <i>Servant —</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>—</i>	(120)			Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>Ind</i>	
Name of person giving information <i>Ann Beah</i>			How related to deceased <i>daughter</i> <i>Ann Beah</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Bronchitis</i>	(120)	How long <i>1 year</i>
Immediate <i>respiratory</i>		How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>	
	Address <i>Frostburg Ind</i>	
Accident or Suicide? <i>—</i>		

Yr  
all



Name  
in  
Full

## CERTIFICATE OF DEATH

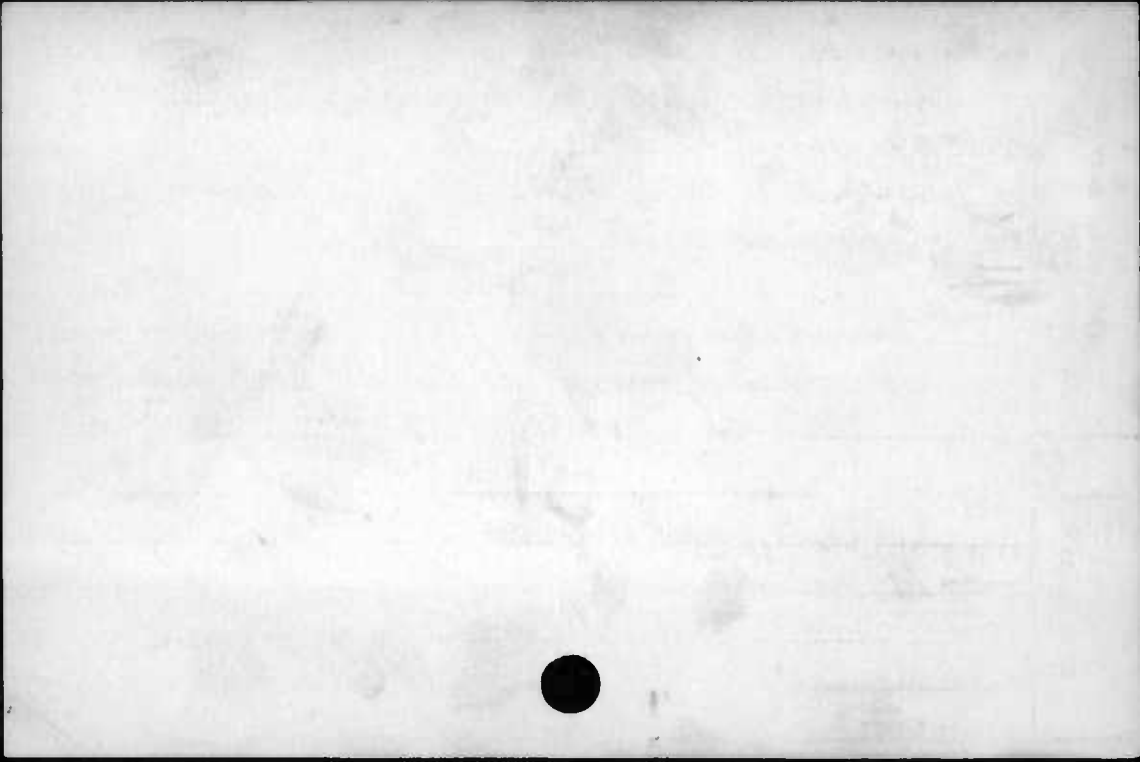
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i>		Town <i>Allgarry</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>Mar</i>	Day <i>25</i>	Age <i>18</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Francis Troutman</i>				Father's Birthplace <i>(16)</i>			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Francis Troutman</i>				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Mastoid Abscess</i>	How long	<i>16 days</i>
Immediate	<i>Meningitis</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo L Gardner</i>	
<i>yes</i>		Address <i>Cumberland</i>	
Accident or Suicide? <i>no</i>		<i>mol</i>	



Name  
in  
Full

Edward Iroll.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cumtob Town Accagey County MARYLAND

Date of death 1906 Month March Day 2 Age 19 Years Months - Days 3

Sex Male Color or Race White Birth-place Cumtob

Occupation News Boy Agent Where Residing if not at place of death -

Married, Single or Widowed Single Name of Wife or Husband -

Father's Name Joseph Iroll Father's Birthplace Germany

Mother's Maiden Name May Goelmer. Mother's Birthplace Cumtob.

Name of person giving information Joseph Iroll How related to deceased Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary Typhoid Fever. How long 1Immediate Hemorrhage of Bowels How long

Are the name, age, sex, color, date, and place correctly given above?

yes.

Signature of Physician

Address

Dr. W. W. Wiley  
Cumtob  
Md.

LOUIS STEIN,

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Greenberg Irving</i>		Town <i>Greenberg</i>		County <i>Cecily</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>Mar.</i>		Day <i>22</i>		Age <i>70</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>near Flushing Md</i>		Months <i>-</i>	
Occupation <i>Labourer</i>		Where Residing if not at place of death <i>-</i>		Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>-</i>	
Father's Name <i>-</i>		Father's Birthplace <i>-</i>		Mother's Maiden Name <i>-</i>		Mother's Birthplace <i>-</i>	
Name of person giving information <i>Peter Wilson am</i>		How related to deceased <i>none</i>		Name of person giving information <i>Peter Wilson am</i>		How related to deceased <i>none</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>acute Pneumonia</i>	How long <i>48 hrs.</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. W. F. Irving</i>
LOUIS STEIN,	Address <i>St. Catherine's Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

infant of **E G Valentine**  
Died at **Cumberland** Town **Alle** County  
Date of death **1906** Month **Mar** Day **14** Age **—** Years Months Days  
Sex **Male** Color or Race **White** Birth-place **Md**  
Occupation **—** Where Residing if not at place of death **—**  
Married, Single or Widowed **Single** Name of Wife or Husband **—**  
Father's Name **E G Valentine** Father's Birthplace **Md**  
Mother's Maiden Name **Gillian Welsh** Mother's Birthplace **Md**  
Name of person giving information **E G Valentine** How related to deceased **Father**

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary **Premature birth** How long **7 mo.**  
Immediate

Are the name, age, sex, color, date and place correctly given above?

**Yes**

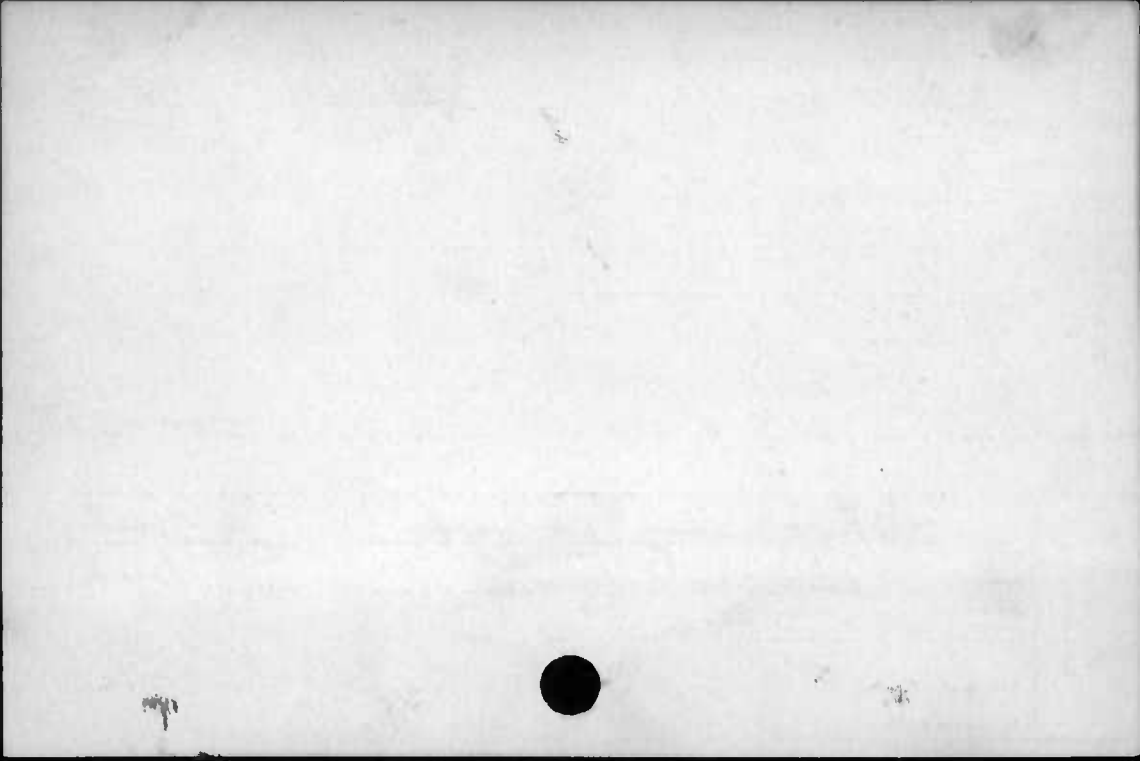
Signature of Physician

Address

**Dr. Edward Harris**  
**Cumberland**  
**Md**

Accident or Suicide?

**LOUIS STEIN.**





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumtola</i> <sup>Town</sup>		<i>Acuigon</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>23</i>	Age <i>—</i> Years	Months <i>18-</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colord</i>		Birth-place <i>Cumtola</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Wm Martin</i>			Father's Birthplace <i>Cumtola</i>		
Mother's Maiden Name <i>Sola Shackelford</i>			Mother's Birthplace <i>Cumtola</i>		
Name of person giving information <i>Alison Shackelford</i>			How related to deceased <i>Grandfather</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Whooping cough</i> <sup>How long</sup> <i>3 weeks</i>
Immediate	<i>Bronchitis</i> <sup>How long</sup> <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>
Signature of Physician	<i>George B. Frey</i>
Address	<i>Undertaker</i>
Accident or Suicide?	<i>Cumtola</i>

LOUIS STEIN.



*Theriot*

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <i>Bromfield</i> Town				County <i>Allegheny</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>Mar</i>	Day <i>22</i>	Age <i>11</i>	Years	Months	Days
Sex <i>M</i>			Color or Race <i>W</i>		Birth-place <i>Bromfield</i>		
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>			Name of Wife or Husband <i></i>				
Father's Name <i>Joseph Whitestone</i>			Father's Birthplace <i>Bromfield</i>				
Mother's Maiden Name <i>Kate Brown</i>			Mother's Birthplace <i>MD</i>				
Name of person giving information <i>B. Whitestone</i>			How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3</i>
Immediate <i>Pneumonia</i>	How long <i>2</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Griffith</i>
	Address <i>Bromfield Md</i>
Accident or Suicide? <i></i>	

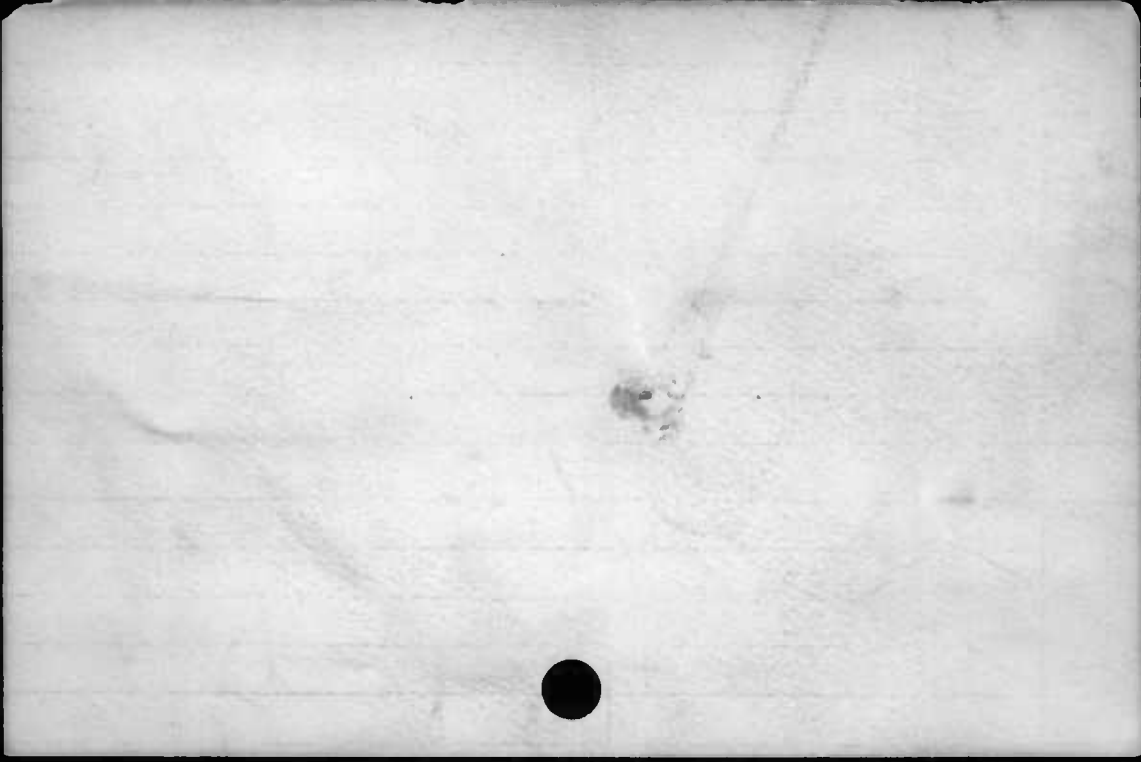
67m

M<sup>d</sup> Luckie

Cemery

Peter Whitstone?

Name in Full		Ollie Virginia White				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Luke</u> <small>Town</small>		<u>Allegheny</u> <small>County</small>		MARYLAND		
	Date of death 190 <u>6</u> <small>Month</small> <u>Mar</u> <small>Day</small> <u>4</u>		Age <u>7</u> <small>Years</small>		Months <u>4</u>		Days <u>14</u>
	Sex <u>female</u>		Color or Race <u>white</u>		Birth-place <u>Piedmont</u>		
	Married Single or Widowed <u>Single</u>		Occupation <u>Domestic</u>				
	Name of Wife or Husband <u>Clayton White</u>						
	Father's Name <u>Clayton White</u>				Father's Birthplace <u>White Post Va</u>		
	Mother's Maiden Name <u>No. Carrall</u>				Mother's Birthplace <u>Charleston W. Va.</u>		
Name of person giving information <u>Clayton White</u>				How related to deceased <u>Father</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Whooping Cough</u> <span style="border: 1px solid black; border-radius: 50%; padding: 5px;">8</span>				How long <u>Two weeks</u>		
	Immediate <u>Pneumonia</u>				How long <u>4 days</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>D. J. Long</u>		
					Address <u>Piedmont W. Va.</u>		
	Accident or Suicide? <u>No</u>						



Name  
in  
Full

Clara Leetta Widdow

## CERTIFICATE OF DEATH

MARYLAND

Died at *Cumtburnd*

Town

County

Date

of death 1906 *March*

Month

Day

*25*

Age

Years

*1*

Months

*2*

Days

*12*

Sex

*Female*Color or  
Race*White*Birth-  
place*Ind*

Occupation

*---*Where Residing if not  
at place of death*---*Married, Single  
or Widowed*---*Name of Wife or  
Husband*---*Father's  
Name*John Widdow*Father's  
Birthplace*Ind*Mother's  
Maiden Name*Daisy Walker*Mother's  
Birthplace*Ind.*Name of parson giving  
In formation*Daisy Widdow*How related  
to deceased*mother*

## CAUSES OF DEATH

Primary

*Pharyngitis, Cough*

How long

*1 mo*

Immediate

*meningitis*

How long

*1 wk*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*Dr. L. Broadbent  
Cumtburnd  
Ind.*

Accident or Suicide?

*No*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date

1906

Month

Mar

Day

21

Age

Years

19

Months

59

Days

MARYLAND

Sex

M

Color or  
Race

W

Birth-  
place

Frostburg

Occupation

Miner

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Thos. J. Williams

Father's  
Birthplace

Wales

Mother's  
Maiden Name

Helen Armstrong

Mother's  
Birthplace

England

Name of person giving  
information

Thos. J. Williams

How related  
to deceased

Nephew

## CAUSES OF DEATH

Primary

Rheumatism (Cardiac type)

How long

5 yrs

Immediate

Heart Disease

How long

1

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. H. Helt  
Frostburg, Md.

Accident or Suicide?

22



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1906

B

4

Age

4

Sex

Color or  
RaceBirth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
informationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

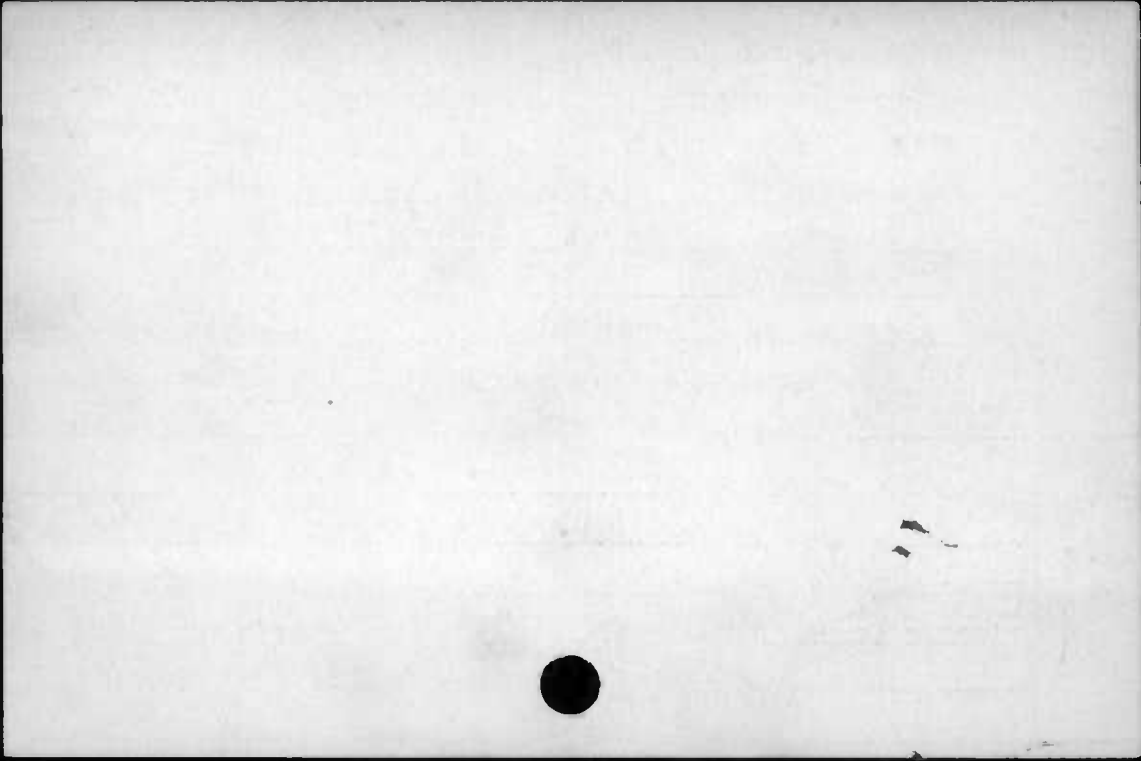
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

LOUIS STEIN.



Name  
in  
Full

Loretta Wolf.

## CERTIFICATE OF DEATH

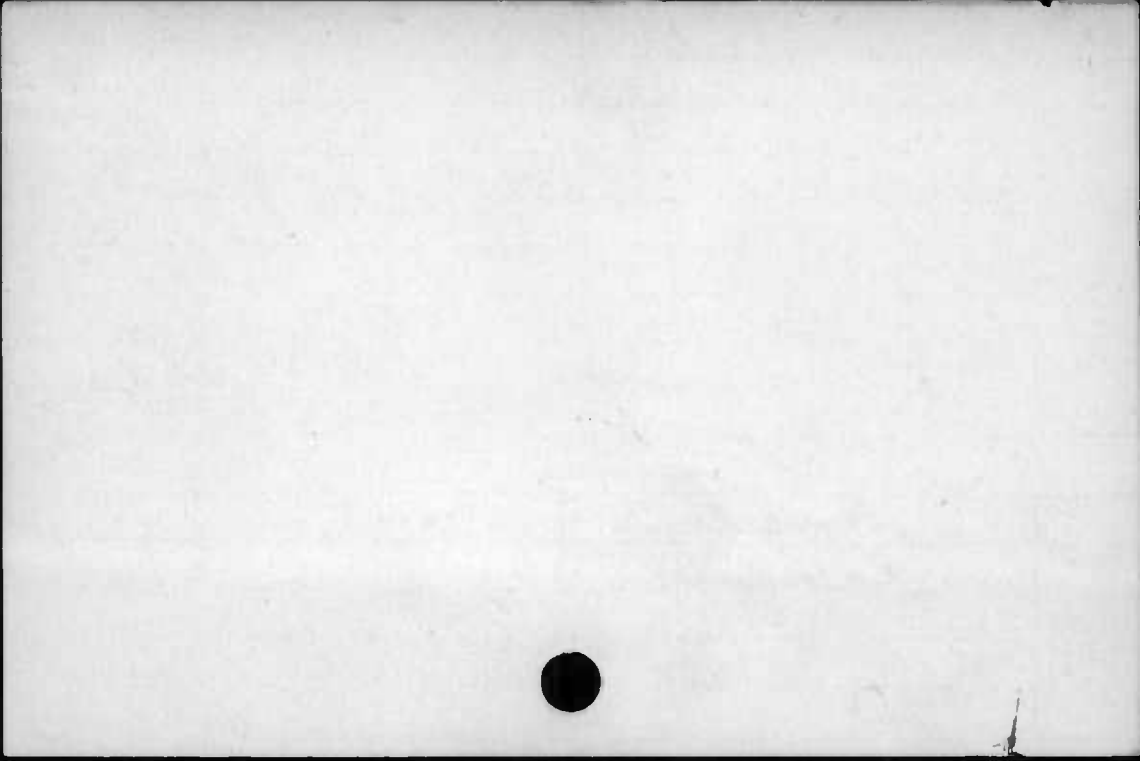
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Co Md</i>		County <i>allegany</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>nov</i>	Day <i>18</i>	Age <i>3</i>	Months <i>07</i>	Days <i>-</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>allegany Co Md</i>	
Occupation <i>-</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>George A. Wolf.</i>			Father's Birthplace <i>Co Md</i>		
Mother's Maiden Name <i>Alice Miltenberger</i>			Mother's Birthplace <i>Adam Co. Pa</i>		
Name of person giving information <i>George A. Wolf.</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pertussis</i>	How long <i>5 weeks</i>
Immediate <i>Eclampsia</i>	How long <i>18 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. D. Fochman</i>
<i>LOUIS STEIN.</i>	Address <i>Cooper's Bend Md.</i>
Accident or Suicide?	



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

James Wright  
 Died at <sup>Town</sup> Cumberland <sup>County</sup> Allegany MARYLAND  
 Date of death 1906 Mar 14 Age 32 Months Days  
 Sex Male Color or Race White Birthplace Ohio  
 Occupation \_\_\_\_\_ Where Residing if not at place of death Ohio  
 Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Father's Birthplace \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_ Mother's Birthplace \_\_\_\_\_  
 Name of person giving information \_\_\_\_\_ How related to deceased \_\_\_\_\_

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Tuberculosis

How long

Immediate

Exhaustion

How long

48 ho

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

LOUIS STEIN

W. F. Turner  
 Cumberland,  
 Tenn

Accident or Suicide?

A stranger Lordy  
saw him 4 I know  
before he died

Turkey



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

James L Youngblood  
Died at <sup>Town</sup> Cumberland <sup>County</sup> Allegany MARYLAND  
Date of death 1906 <sup>Month</sup> Mar <sup>Day</sup> 12 <sup>Age</sup> 39 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>  
Sex Male Color or Race White Birth-place Md.  
Occupation <sup>Where Residing if not at place of death</sup>  
Married, Single or Widowed Married Name of Wife Ida M Youngblood  
Father's Name Dead Father's Birthplace  
Mother's Maiden Name Sophrona McKeen Mother's Birthplace Md.  
Name of person giving information Ida M Youngblood How related to deceased Wife

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Consumption <sup>27</sup>  
Immediate Pulmonary Hemorrhage  
Are the name, age, sex, color, date and place correctly given above? Yes  
Signature of Physician Dr. J. T. Johnson  
Address 50 Cumberland Md.  
Accident or Suicide? LOUIS STEIN.



Name  
in  
Full

## CERTIFICATE OF DEATH

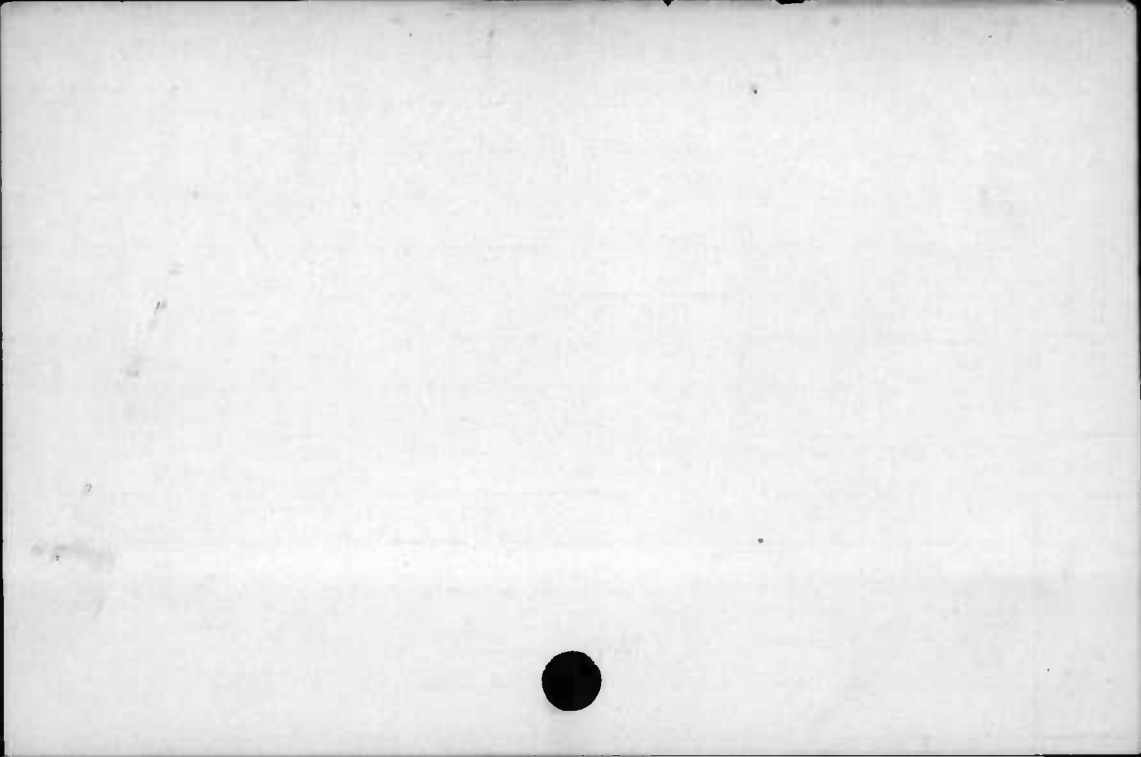
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Cumberland</i>		County <i>Alleghany</i>		MARYLAND	
Date of death	190 <i>6</i>	Month <i>Mar.</i>	Day <i>24</i>	Age Years	Months		Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Cumhd</i>
Occupation	_____			Where Residing if not at place of death _____			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband _____				
Father's Name	<i>Hugh Zieles</i>					Father's Birthplace	
Mother's Maiden Name	<i>Annie Fitzmaur</i>					Mother's Birthplace	
Name of person giving In formation	<i>Hugh Zieles</i>					How related to deceased <i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Premature 5<sup>th</sup> month of gestation</i>	How long	<i>3 hours</i>
Immediate	_____		
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. Jochman</i>
_____		Address	_____
Accident or Suicide?			



Name  
in  
Full

Carl Zinkun

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frederick</u> <sup>Town</sup>		<u>Allegany</u> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	3	Day	8
Age		Years		Months	Days
4		—		—	
Sex	male		Color or Race	white	
Birth-place	<u>Frederick Md</u>				
Occupation	—		Where Residing If not at place of death		
Married, Single or Widowed		—			
Name of Wife or Husband		—			
Father's Name	<u>Chas Zinkun</u>			Father's Birthplace	<u>Md</u>
Mother's Maiden Name	<u>May Bruch</u>			Mother's Birthplace	<u>Md</u>
Name of person giving information	<u>C. A. Zinkun</u>			How related to deceased	<u>Son</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>5 wks.</u>
Immediate	<u>Exhaustion</u>	How long	<u>1 wk.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
—		<u>J. M. Bruch</u>	
—		Address	
—		<u>Frederick Md</u>	
Accident or Suicide?		—	

